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ABSTRACT

The third volume of a series on child variance discusses delivery systems that service emotionally disturbed children, including educational, legal-correctional, mental health, social welfare, religious, and counter-cultural institutions. Each type of institution is described extensively in terms of the history of its delivery systems in the United States; its current organization and operating principles; and the way in which it handles children in a fictional, typical community (Noah). Examined are such historical developments as the growth of public school involvement circa 1915-1946, the evolution of an independent juvenile court apparatus, the emergence of mental asylums in the Jacksonian era, and the antecedents of American colonial poor relief. Subtopics considered in relation to the structure of various service delivery systems include client population; personnel; programs, facilities, and intervention techniques; informational resources; power and political structures; and patterns of interaction with other systems. The roots of counter institutions (for example, free health clinics and communes) are examined in the context of historical radicalism, cultural rebellion, trancendentalism, and Bohemianism. The authors stress the importance of client focus (through cooperative interdisciplinary professional efforts to provide improved service), of advocacy for the whole child (rather than emphasis upon particular services provided by individual agencies), and of the need for schools to fulfill central roles as clearinghouses for clients of alternative systems. References are listed at the end of each major section. (LH)

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A STUDY OF CHILD VARIANCE

VOL. 3: SERVICE DELIVERY SYSTEMS

WILLIAM C. RHODES SABIN HEAD

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Conceptual Project In Emotional Disturbance

1974

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PREFACE

In Volumes I and II, the Conceptual Project has looked at the topic of child variance from the point of view of first, theories and conceptual models, and second, intervention techniques. The present volume, however, investigates service delivery systems that deal with variant children, including the history of the delivery systems in the United States, their overall current organization and operating principles and finally, the way in which they actually handle variant children in a particular community.

The delivery systems described here are seen as society's major behavior-regulating agencies. We have focused primarily on the organized, goal-directed, publicly-owned agencies: the educational system (emphasizing special education), the mental health system, the social welfare system, the legal-correctional system, and the cluster of agencies operated under religious auspices, other private groups, and various "counterinstitutions."

Why is the Project studying these agencies? We came to the realization, in studying child variance from the viewpoint of theory and intervention, that it is through such institutions that society makes its prime contact with child variance. The institutions make use (or, sometimes, misuse) of theories and interventions, but they have a power and influence of their own. It's nice to change the theories or to invent new interventions, but if we are going to influence or change the treatment of variant children, we must deal with the institutions. They are the focal point of most action with variant children.

In addition, however, there are other reasons that the Project is concerned with service delivery systems as part of its conceptual research on child variance. The Project addresses its works primarily to special education — in particular to teacher trainers of the emotionally disturbed. Graduates of these programs, the special educators, are employed as teachers in special facilities of all these systems: in children's programs in correctional facilities, in mental health facilities, in religiously-run facilities, and in certain social service programs related to dependent and neglected children, etc.

In addition, even those special educators who remain in the education system need information on the alternative systems that deal with variant children. They need it in order to make decisions on referring children to various agencies for services. Seldom do graduate special education programs train their students in the functions and characteristics of other agencies that deal with the problems they are likely to encounter. Intelligent referrals require such information, and the present student must pick up this information piecemeal after he is placed in the field.

Many studies have shown that the various service delivery institutions tend to treat much the same group of people. Certain cultural groups and certain areas in the city contribute the majority of mentally retarded, emotionally disturbed, delinquent, and poverty-stricken juveniles that are clients of these various systems — and very frequently one client will be serviced by several agencies simultaneously. Thus, some of the special educator's students will also be clients of other agencies. The special educator needs to know what these agencies do, not only so he may refer problems, but also so that he is aware of what is happening to his own students, and will be able to plan in unified ways for the total needs of the child.

Mandatory special education statutes are imminent if not already law in many states. In many mandatory special education plans, the schools become the body with primary responsibility for many of the clients of the other agencies. The schools already exert a major influence in the process of labeling youngsters; they will assume an even more important role as central clearinghouse for the clients of all the agencies as mandatory special education provisions become implemented. Special educators need more information on the total set of service delivery systems to respond appropriately to these widened responsibilities.

Just as important, many states are approaching an HEW-like master agency that will coordinate the other systems under it. Training in the characteristics of the entire service-delivery complex will help provide professionals to man the super-agencies now implemented in some states and on the horizon for others.

Some institutions of higher learning have already started consolidating their professional service programs. Psychiatrists are learning from anthropologists, educators are learning from therapists and biologists, scientists are learning from philosophers, and vice versa. The old string of beads is becoming a continuous loop with interconnections everywhere. The old professional distinctions are gradually dissolving while a new way of organizing for cooperation is emerging: client focus. The Project shares this focus. We are not so much concerned with the treatment plan of a single agency as with how the problem child is treated by the many agencies and institutions and professionals that interact with him. We hope that the new breeds of multi-professionals will be able to circumvent the territorial factionalism paralyzing many interdisciplinary efforts in existence today.

This attempt is related to recent moves towards advocacy professions that speak for the clients of various systems, and are trying to piece the whole child back together from the splintering caused by the multi-agency division of services rendered. Many recent lawsuits and litigation efforts have been addressed to this very problem: that seperate agencies are not rendering the treatment required to make a whole person. Advocates and litigants need information, not on the pieces of service that are available within one system, but on the whole complex of services delivered by systems that deal with variant children.

Because the existing systems cannot be understood without knowing how they came to their present form, we have explored the history of the various institutions. Because the institutions at a local level are part of a greater web of national systems, we have explored the current operating forms of the national service delivery systems. But the day-to-day operations of a given system depart from the generic descriptions, and cannot be fully understood from such a remote viewpoint. Therefore, we have included a specific case study of the operations of each system dealing with variant children in a moderate-sized urban center. In brief, we are trying to cover all bases: the historical dynamics, the national patterns, and the gritty details of local functioning of service delivery systems for variant children.

We hope this approach will contribute to our understanding of the basic failure of our society to treat all cultural minorities fairly. The cause of the bias is hard to see in individual cases, but is apparent in social statistics. Blacks and the poor are grossly over-represented among the populations labeled delinquent, retarded, or disturbed. It is our hope that we can discover the cause for such bias by shifting focus from individual problems to the way in which a problem is identified and comes to the attention of the mass-treatment systems. It is our contention that these biases are not the effects of the inherent inferiority of client groups, or of the ill-will of interveners, but that they are effects of of the way large-scale systems run, and that they can be countered at that level.

Frame of Reference

The overall frame of reference for this volume on service delivery systems is essentially a structural analysis of the composite social contract. We have tried to analyze the social structures created by the society to hold its people together in a unified mass. Psychosocial unification seems to have been accomplished in our nation through major social institutions which dispense education, health, policing, economic aid, etc., in order to support the socializing and care functions of the biological unit of family. With the atomization of the living unit into the small nuclear family, made up primarily of one set of parents and their offspring, our society has had to create elaborate supplementary structures of education, corrections, health and mental health, and social services. Religion also plays a role, but it is an ambiguous issue in this country because of the basic philosophical-structural seperation of church and state.

The family is supposed to serve all the social functions represented by these supplementary agencies, but as the size of the family has declined, the size of these supplementary social agents has had to grow. In the process, the overall socialization and caretaking functions of the home were shifted from direct subjective, intimate, psychological covenants of mutual care, to indirect, objective, corporate, social contracts carried out by care corporations instead of intimate groups.

As these massive social structures assume a contractual responsibility for child variance, they carry out public mandates laid down by health, education, welfare, and corrections legislation. This legislation is transmuted into networks of facilities at the federal, state and local levels. In a sense, these social structures are political in nature. They are part of the executive branch of government and are subject to the political forces which surround government. Therefore, the theories, which were reported on in Volume I of *A Study of Child Variance*, and the interventions or practices, which were reported on in Volume II of the *Child Variance* series, become political when they become operational, in service delivery systems. In a very concrete sense, we cannot understand how to use behavioral social science theory, nor the specific practices of teaching, therapy and social rehabilitation unless we understand the operational public agencies of education, mental health, corrections and social services, and are aware of the private alternative agencies.

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OVERVIEW

by

William C. Rhodes

Mark Sagor

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The authors wish to acknowledge their indebtedness to the work of several others, both groups and individuals. The idea of viewing deviance from "the other side" is consonant with some social deviance theorists (i.e. Becker, 1963). Much of the historical data are taken from a series of reviews of individual service delivery systems authored by Lee Atkinson, Margaret Fraser, Edward Hoffman, Barry Moore, Daniel Pekarsky, and Christopher Unger. While acknowledging this debt, the authors personally assume all responsibility for their interpretations and for the implications drawn in this report.

I. THE FRAME OF REFERENCE

Classification systems represent the coded life-style and character-trait biases of any society. They are maximally functional in fixating social processes when they maintain both the social control and the psychic self-image of the dominant group. Social control is maintained when these biases are translated into the action-hardware of society, and when this hardware plays a key role in supporting and integrating the other major institutions of that society. They are maximally functional in the psychic self-image of the dominant group when they drain off all psychic threats to the self-image of adequacy and superiority held by the dominant groups.

In reference to our own society, we might say that classification systems, as they now exist in caretaking agencies, perform the twin functions of social and psychic control for the dominant culture-bearers of our society. They are the crystallized image-sets by which the dominant culture bearers determine inclusion and exclusion of individuals from the social mainstream. As image-sets, they are both positively and negatively cathected by the controlling groups. Any external representation of the chosen image-set becomes a positive stimulus for incorporation and inclusion. Any departure becomes a negative stimulus, producing threat, recoil, and extrusion.

Our society is not the only society which has chosen particularized image-sets as the basis for inclusion and extrusion of its members. This collective process is part of any community form, of any society (Benedict, 1934, Rhodes, 1972). Our society, however, has been able to carry the trait and style preferences further than most past societies because our caretaking agencies have benefited from advanced technology for detecting, fixing, and separating even the slightest nuances of departures from chosen types. Our scientific-professional coalition provides our dominant culture-bearers with the tools for consolidating social and psychic control of the society and for shoring up other critical social institutions which they dominate, such as economics, religion, family, and education.

At the same time clearly identified departures from these image-sets of the cultural ideal provide generalized receptacles for collective elimination of all psychological threats, personal or impersonal, which are a part of daily life in any society. As an elimination receptacle for psychological threats, the negative categories and the agencies provide the technical equivalent of the scapegoating rituals which are a part of any society in any period of time. Because the image ideal becomes more sharply drawn and constricted as cultures evolve over time (Benedict, 1934, p.72), and because of the extensive range of contradicting impulses, desires, and behavioral tendencies in any human being, the dominant culture-bearers are in a constant bind and need to ward off these recurrent threats to their narrow image ideal. Also, because daily existence is filled with real external threats (natural disasters, wars, disease, social conflict, etc.), the integrity of the psychic self-image is constantly bombarded and almost overwhelmed with anxieties which have to be extruded. Thus, the classification systems can provide the social emptying pots into which all manner of psychological threat is projected and extruded.

This is not to imply that there may be no differences in people to begin with. Some individuals are born with or develop decided differences. The central issue is what society, and its leaders, do with these differences, real or imagined. In crystallizing restricted life-style and character-trait biases, our society has created a predicament for itself — the deviance predicament. The predicament lies in the tight, narrow borders the dominant culture-bearers have drawn around themselves and around the large numbers of the members they have relegated to the other side of the wall.

This is not a new process in Western Civilization. The roots of our present predicament go back to European culture at the end of the Middle Ages. According to the thesis presented by Michel Foucault (1973), it was at that point in history that madness came upon the stage left empty by the mysterious disappearance of leprosy, and appropriated the fevered images of society and moved into the abandoned lazar houses left empty by the outgoing tide of that all-absorbing psychic threat. According to Foucault, it was not that madness did not exist before that time, rather it was a dramatic shift in which madness took on a new social interpretation and moved into the obsessive, threat-absorbent spaces formerly occupied by leprosy. It was a new era in which the bourgeois ethic was forged, and madness fell victim to the twin circumstances of the new ethic and the fading of the leprosy menace. Foucault says:

> Until the Renaissance, the sensibility to madness was linked to the presence of imaginary transcendences. In the classical age, for the first time, madness was perceived through a condemnation of idleness and in a social immanence guaranteed by the community of labor. This community acquired an ethical power of segregation, which permitted it to eject, as into another world, all forms of social uselessness. It was in this *other world*, encircled by the sacred powers of labor, that madness would assume the status we now attribute to it. If there is, in classical madness, something which refers elsewhere, and to other things, it is no longer because the madman comes from the world of the irrational and bears its stigmata; rather, it is because he crosses the frontiers of bourgeois order of his own accord, and alienates himself outside the sacred limits of its ethic. (Foucault, 1973, p. 58).

Foucault goes on to say that the relation between the practice of confinement and the insistence on work was not defined by economic conditions; rather, a moral perception sustained and animated it. The origin of poverty was neither scarcity of commodities, nor unemployment, but the weakening of discipline and the relaxation of morals. He reports that the edict of 1657 was full of moral denunciations and strange threats. It said that, "The libertinage of beggars has risen to excess because of an unfortunate tolerance of crimes of all sorts, which attract the curse of God upon the State were they to remain unpunished (Foucault, 1973, p. 59)."

This deviance ethos has a very familiar ring. One of the knottiest problems in the deviance predicament of our modern society is that the scientific terminology of our classification systems, and the scientific "treatment" of their related caretaking agencies, completely obscure the moral maledictions and proscriptions underlying them. One way to begin to uncover these roots is to examine their growth and development in the historical context of our nation.

It is not argued that this conceptual framework is a truer, or even more accurate representation of the phenomenon being addressed than is the view of the professional classifiers. It is merely argued that this is an alternative view, a view from the other side of professional classification, and one that is necessary to temper and augment professional dogma. We have tried to adopt a frame of reference arising out of the dynamic events of community life, rather than out of the theoretical constructions of professionals and scientists. This approach may seem strange and alien to professional readers who are used to approaching the problem by tracing the origins and evolution of their own classification and intervention theories. The latter approach produces only a house history, one written from inside. It ends up being every bit as partisan as our particular version might appear to the professionals, because, after all, professionals do have a vested interest in classification.

Much of the evolution of our current national classification systems for children, which separate them into various care-receiving groups, can be traced in the bombastic history of this country. The animus which has accumulated in these powerful image-sets can be reflected in the reactions of the dominant culture-bearers to the constant flood of change forces washing over the nation. The instability of, and perpetual challenge to, any national image-ideal drove them to frantic defenses of their cathected lifestyle and character trait preferences. Their moral outrage sharpened and hardened their image-sets to the point that powerful external institutions had to be created to aid in the defense.

All of this occurred in the context of heavy influxes of alien ethnocentric groups, major social philosophies which dominated public thinking in different periods, and strong, charismatic leaders who became spokesmen for such philosophies. Finally, the way in which these factors came together in the collective phenomenology of those periods crystallized and impounded these image-sets in the scientific-professional hardware of such caretaking industries as education, corrections, social services, mental health and religion.

The sense of alarm of the dominant Protestant-American population of the United States in response to the influx of alien custom-carriers into this country during the late nineteenth and early twentieth centuries is an example of this process. The sentiment, shared by the main line culture-bearers in this period was expressed in Boston's *American* in the midst of the heavy Irish Catholic migration:

> . . . instead of assimilating at once with customs of the country of their adoption, our foreign population are too much in the habit of retaining their national usages, of associating too exclusively with each other, and living in groups together. These practices serve no good purposes, and tend merely to alienate those among whom they have chosen to reside. It would be a part of wisdom, to abandon at once all usages and associations which mark them as foreigners, and to become in feeling and custom, as well as in privileges and rights, citizens of the United States (Handlin, 1959, p. 185).

The part that the professional played in the period of scientific consolidation of these image-sets can be sampled in the professional alarm sounded by Henry Goddard, a famous psychologist, in 1921. He had had much to say about feeblemindedness and delinquency over a period of years preceding the following statement which he made about delinquency and mental retardation and mental illness:

> There are two million people in the United States who, because of their weak minds or their diseased minds, are making our country a dangerous place to live in. The two million is increasing both by heredity and by training. We are breeding defectives. We are making criminals (Goddard, 1921, p. iv).

In the community model suggested in this paper, alarm becomes distilled into public residual labels, collective images which act as common signals for defense. Once such labels are fixed in the public repository, they may function autonomously; like alarm systems gone awry, constantly alerting, constantly warning, constantly stirring response. Even after the events which brought them into existence have passed, they can go on existing in the living repository of collective life as though past events were current threats to the integrity of the whole. They provide exponential power to any other threats which may be occurring in the here and now.

There is another part of this threat potential which seems particularly pertinent to our own experience. The convergence of the entrenched dominant culture-bearers upon the alien custom carriers such as immigrant groups, and upon certain human conditions such as poverty and dependency, also seems to have converged upon the residential spaces in which the "foreign populations carry out their alien usages and practices, associating with each other and living in groups together (Handlin, 1959, p. 185)." Taken from the point of view of the dominant culture-bearer, "these practices serve no good purposes, and tend merely to alienate those among who they have chosen to reside (Handlin, 1959, p. 185)."

Thus certain spaces of the city appear to have taken on the threatening quality of their "foreign" residents, and become provocative and fearful to those who reside in the larger masses of space surrounding them.

In 1893, the *New York Times* said of the Jewish community in the Lower East Side:

> This neighborhood, peopled almost entirely by the people who claim to have been driven from Poland and Russia, is the eyesore of New York and perhaps the filthiest place in the western continent. It is impossible for a Christian to live there because he will be driven out, either by blows or the dirt and the stench. . . They cannot be lifted up to a higher plane because they do not want to be (Bernard, 1973, p. 19).

In the Massachusetts Senate Documents of 1847 it is recorded that the Irish are displacing

> . . . the honest and respectable laborers of the State; and . . . from their manner of living . . . work for much less per day . . . being satisfied with food to support their minimal existence alone . . . while the latter (the native American workers) not only labor for the body but for the mind, the soul, and the State (Handlin, 1959, p. 185).

Thus the land masses of the city, surrounding small spatial enclaves can become, in the collective phenomenology, a threatened area. Various protective barriers can come to be erected between the alien territories and alienated populations. Statements such as "the other side of the tracks," "the undesirable side" of the river or the expressway, etc., speak of certain physical barriers. Protective real estate practices in the surrounding areas are still another type of barrier. Still another way of putting distance between these territories is the public mediating structures of police and corrections, social services, mental health, and education. Each of these structures, as it focuses on child clientele, is closely associated with historical shorthand alarm signals, concentrated in such terms as "incorrigible and dissolute," "dependent and neglected," "diseased minds," or "weak minds." These emotionally-laden terms are distilled symbols which stand for a permeating ethos of protective anxiety. The distilled symbols are probably less disturbing phenomenologically than the fantasied experiences of direct contact with the areas and individual presence for which they stand. In a sense, the symbols might be said to be a way of cooling, and diluting the fear of what they stand for. They might be conceived of as second-order symbols for feared direct experiential exposure to the alien area, its population, and its phenomenologically threatening individuals.

Still more distant, and perhaps, less disconcerting to the main line culture-bearer, is the scientific and professional language labels of the mediating systems of care-giving. These labels transfer the immediate threat to an even more removed language level, a "third-order" level. Instead of "incorrigible" and "dissolute," the term coined by the Chicago Child Savers (Platt, 1969) becomes the standard language — the child is termed a "delinquent." Instead of Goddard's "diseased minds," or "weak minds," the phenomenological language becomes "emotionally disturbed," or "mentally retarded."

These encapsulating terms somehow keep the threatening behaviors, conditions, and ethnic areas from arousing full-scale fear. However, the shorthand label does seem to stand for a much more inclusive referent. It seems to mean an alien area, an alien population, an alien way of life, a set of human conditions, an array of foreign behaviors. All of these alien components can be conjured up by the labels, even though the links between the current professional terms and the original phenomenological referents may have been lost in the passage of time.

Modern research and theory, like archeological uncovering seems, recently, to be recovering the lost connections between current professional labels and past threat-recoil cycles associated with defense against foreign, and alien infusions into a settled, established way of life. The work of Thomas Szasz (1961 and 1970) related to mental illness, of Jane Mercer (1973) related to mental retardation, of Menninger (1969) related to criminality, and of Charles Platt (1969) related to delinquency offers important suggestions of such existential phenomena. The views of Ivan Illich (1971) related to the processing of children into social classes, or of Christopher Jencks (1972) related to the myth of equality production by schools are other examples of such uncovering.

In the following sections we will interpret certain events in the history of this country, occurring after the Civil War and ending with the 1920's in light of the threat-recoil hypothesis.

II. HISTORICAL BACKGROUND — THREAT

American society, after the Civil War, was "predominantly one of small farms, small businesses, and small towns, in which both the hopelessly poor and the overwhelmingly rich were limited in number (Goldman, 1952, p. 4)." However, the war and rapid industrialization weakened this traditional social order. It was a time of swift and well-publicized rags-to-riches stories. There were also railroad scandals, bank scandals, and the Credit Mobilier affair which involved the vice-president of the United States. The old aristocracy, with their stern Protestant morality, felt threatened by the new concentrations of wealth, and dishonest practices, and the anonymous urban centers which accompanied the boom time of American industrialization.

The 1860's witnessed the rise of the urban "boss" politician and "machine" politics.

> Steadily, ineluctably, such politics went to extremes. The plundering became so bold and systematic that it amounted to a regular graft of a million dollars a month. The contempt for honesty reached the point where, in an election that worried (Boss) Tweed, the machine dutifully delivered a majority eight per cent greater than the total number of registered voters (Goldman, 1952, p. 12).

The "boss" represented the immigrants in the urban centers. His lieutenants met the newcomer at the dock, and later they might help him find a job, loan him a few dollars or help him get out of trouble with the police. This method of political organization and control threatened traditional notions of American democracy which were Yankee, rural and Protestant.

During the 1870's the transition from the conditions of an agrarian society to an urban society created more tension and threat for the established social order. There were industrial and economic depressions of a magnitude unknown to a previously agricultural economy. The small businesses which could not survive the depression were being absorbed and consolidated into monopolies like Standard Oil. In 1877, the United States had its first nationwide strike. Twenty-five people were killed in the streets of Pittsburgh in a strike-related incident. The frustration of the time was expressed by Henry George in *Progress and Poverty* published in 1877:

> We add knowledge to knowledge, and utilize invention after invention . . . Yet it becomes no easier for the masses of our people to make a living. On the contrary, it is becoming harder . . . the gulf between the unemployed and the employer is growing wider; social contrasts are becoming sharper; as liveried carriages appear, so do barefooted children (quoted in Goldman, 1952, p. 27).

During the next decade, millions of immigrants arrived in the United States from southern and eastern Europe. They found that America was no longer in a generous, "give us your poor" mood. Things were getting crowded. The immigrants were generally impoverished and untrained in industrial skills. They were predominantly Catholic or Jewish. Their customs, appearance and religion aroused many concerns. The national speech developed ethnic slurs: "wop" and "dago" for the Italian, "bohunk" for the Hungarian, "grease-ball" for Greek, and "kike" for the Jew. The American Protective Association organized around anti-Catholic sentiments and anti-Semitism spread widely.

In the immigrant slums the European doctrine of socialism had many supporters. The anarchism movement was also quite strong until a bomb went off during an 1866 demonstration, indelibly associating anarchism with horror in the public mind. The deviance predicament of that era was associated with immigrants in America and was expressed in terms of Social Darwinism. Social Darwinists viewed society as an organism evolving slowly and evenly according to the dictates of nature. The best parts of society would survive and the worst would perish, leaving an improved society if man could resist the temptation to rig the process.

> The dominant groups in America had simply done what dominant groups usually do. They had, quite unconsciously, picked from among available theories the ones that best protected their position and had impressed these ideas on the national mind as truth (Goldman, 1952, p. 66).

The conservative position received additional legitimization from the prevailing theories of biology, psychology, and morality. Herbert Spencer, a leading spokesman for Social Darwinism, defined life as the adjustment of inner to outer relations and considered mind and cognition as aspects of that adjustment. The Protestant doctrine of predetermination was used to "justify" the economic inequalities that were emerging as companions to a mass-industrial society. "God has intended the great to be great and the little to be little," according to the famous New York preacher Henry Ward Beecher. The very rich, according to this doctrine, were identified as the most virtuous and efficient, and the very poor as intemperate and extravagant. This reaffirmed the Puritan view of the previous century that poverty was a sin and evidence of moral deficiency.

Between the threat of collectivization on the left and the rationale of indifference on the right stood a group interested in reform. This group included many people who were negatively affected by the power and status redistributions of the period: professionals, clergymen, farmers, women, and members of the pre-industrial aristocracy. Hofstadter's analysis of the clergy's reform motivation can readily be applied to other elements of the progressive or reform movement. Their social criticism was not due

> . . . solely to their disinterested perception of social problems and their earnest desire to improve the world, but also to the fact that as men who were in their own way suffering from the incidence of the status revolution they were able to understand and sympathize with the problems of other disinherited groups (Hofstadter, 1955, p. 152).

III. INSTITUTIONAL DEVELOPMENT — RESPONSE

School System

Between 1852 and 1918 nearly all of the states enacted compulsory school attendance legislation. As the stability of American society became more tenuous, for reasons interpreted in the previous section, the tendency toward rigid enforcement increased. The poverty, brutality and violence of the immigrants' tenement life contributed to a profound sense of threat. The enforcement of compulsory education laws was supported by those who wanted to get the immigrant children off the street, by those who wanted to Americanize these strangers, and by those with humanitarian interests. In any case, this legislation transformed the school

> from a relatively minor social institution, catering largely to the middle class, to one which was not only *available* to all segments of the society, but which was legally empowered to *compel* all children to attend . . . (Hoffman, 1973, pp. 19-20)

In 1898, the Educational Commission of the city of Chicago evaluated the ailing Chicago school system at the request of the mayor and city council. This study, called the Harpur Report, influenced the policies of many urban school systems in the United States with its recommendations urging the establishment of special "ungraded" classes and "parental" schools for children who could not be handled in the regular classes.

> Public education did not take much interest in such special schools or classes until compulsory attendance laws came into being. These laws forced all children of given ages into school. This brought to the attention of educators a group of children who for various reasons had previously been eliminated at an early age; they had not, therefore, caused the schools any trouble (Heck, 1940, p. 21).

The language used to describe behaviorally deviant children during the period when special classes were started reflects an orientation toward the threatening aspects of variance. Later, the vocabulary of behavioral variance would reflect etiological or explanatory concepts of deviance (e.g., emotionally disturbed) as the intensity of the perceived threat diminished. But at that time the public image of deviance exposed by threat, entangled with xenophobia and expressed in administrative procedures, was closely associated with the image of the stranger, foreigner, and outsider who threatened the established social order. The harsh language and defensive practices of that time are illustrated in a source quoted by the Harpur Report, which related compulsory attendance laws to the need for special classes.

> The Compulsory Attendance Act has for its purpose the reformation of these vicious children. They cannot be received or continued in the regularly organized schools, they were admitted into these schools, they were reproved, they were punished for misconduct, they have been suspended from further attendance in their classes, their parents cannot or will not control them, teachers and committees fail to correct their evil tendencies and vicious conduct. What shall be done with them? The Compulsory Attendance Act commands that they shall be placed in schools, if not in regular schools then in other schools to be provided for them (Harpur Report, 1899, p. 161).

Other sections of the Harpur Report emphasize the need to get these children off the streets:

> There are also a large number of children who are constantly dropping out of our schools because of insubordination to discipline and want of cooperation between the parents and the teachers and they are becoming vagrants upon the streets and a menace to good society. The welfare of the city demands that such children be put under restraint . . . I therefore call attention again to the necessity of the establishment of a parental school for the benefit of such children (Harpur Report, 1899, p. 163).

The preceding quotations reflect a growing mistrust between educators and immigrant parents. The foreigner represented an unknown collection of behavior and belief. Compassion, intuitions of commonality, and good sense were overshadowed by the danger and threat associated with the immigrant. Traditional American society was no longer willing to trust in an informal family community method of socialization and turned to the schools in an effort to gain direct and formal control of the socialization process. The children who threatened social stability on public streets were equally threatening in regular classes and had to be further isolated in special classes.

In 1871 New Haven started the first ungraded school for mischievous and disruptive children. In 1879 the New Haven superintendent of schools stated that:

> The ungraded schools are an indispensable appendage to our graded system. They provide for a class of children, who, for any cause, must necessarily be irregular in their attendance, beyond certain limits. Unreasonably disobedient and insubordinate youths who are a detriment to the good order and instruction of the school, are separated from it and placed here where they can be controlled and taught, without disturbing others. Truants, also, are placed in these schools for special discipline. The grade schools, relieved of these three classes, great burdens to the teachers, move on with greater ease and rapidity, while both pupils and teachers perform their duties with pleasure, satisfaction and profit that would be impossible in the presence of disturbers of good order (Connecticut Special Education Association, 1936, p. 22).

During the 1890's several major cities instituted special programs for "backward" children in the public schools. At the same time, special programs (called "steamer classes") were being set up for non-English speaking children. At that time, as in the present, the special classes were criticized for being a "dumping ground" for all children who could not be handled in the regular classes. H. A. Miller described the situation of the Cleveland schools in 1916:

> At the present time such cases are often handled in a most unsatisfactory manner. The non-English speaking child cannot keep up with his companions in the regular grades. For this reason he is sent to a special class, but if there is not a streamer class available, the pupil is all too frequently assigned to the backward class. This is not because the backward class is the right place for him, but rather because it furnishes an easy means of disposing of a pupil who, through no fault of his own, is an unsatisfactory member of a regular grade (Miller, 1916, p. 74).

It was also reported that backward children were assigned to streamer classes. The Supervisor of Primary Schools in New Haven noted that "incorrigible boys, defective children, and children who speak no English" were placed together in special classes.

Public alarm over the behavior of "incorrigible" children was matched by public fears about the genetic "inferiority" of backward children. Even while Social Darwinism was being repudiated by social theorists, it was regaining an audience in the scientific guise of "eugenics." In 1877, Richard Dugdale published his study *The Jukes,* which was interpreted as supporting the view that poverty and immorality were largely controlled by biological inheritance. By the turn of the century the eugenics movement took organized form and then "grew with such great rapidity that by 1915 it had reached the dimension of a fad (Hofstadter, 1966, p. 161)."

Eugenists believed that the retarded were a menace to society because they threatened to populate the country with more criminals, dependents, imbeciles and deviates.

> The influx of a large immigrant population from peasant countries of central and northern Europe, hard to assimilate because of rustic habits and language barriers, gave color to the notion that immigration was lowering the standard of American intelligence, at least so it seemed to nativists who assumed that a glib command of English is a natural criterion of intellectual capacity (Hofstadter, 1966, p. 162).

In 1907, the fears embodied in the movement were translated into the first sterilization law in the United States. By 1915 twelve states had similar laws.

The National Conference on Race Betterment in 1914 showed that the eugenic ideal was thoroughly established in the medical profession, colleges, social work and charitable organizations. American psychiatry grew rapidly after 1900. "As more and more diseased and defective families in great cities came to the attention of physicians and social workers, it was easy to confuse the rising mass of known cases of mental disease and mental deficiency with a real increase (Hofstadter, 1966, p. 162)."

Henry Goddard, who was recently saluted for his contributions to special education by *The Journal of Special Education* (Fall, 1971), helped sound the eugenic alarm in educational circles. Goddard wrote two books, *The Kallikak Family* (1912) and Feebiemindedness (1916), which advanced the theory that society's ills, social problems, and deviants were derived in large part from the genetic stock of the mentally deficient. He recommended mandatory sterilization for the mentally deficient. As the Director of Research at the Vineland Training School in New Jersey, Goddard wielded considerable influence over popular and institutional conceptions of mental deficiency.

The threat posed by the backward child was clearly articulated by Paul Hanus, a Harvard education professor, in a report he made to the New York City Commission on School Inquiry:

> that the means of discovering defective children and segrating them and caring for them, so far as they are segregated, are at present inadequate and defective, and finally, that the danger of allowing such children to grow up at large is a very grave one. Such persons not only become a burden to society themselves, but propagate their kind in large numbers by marriage or illegitimate unions with each other or normal individuals. Whatever it costs, the city cannot safely perpetuate the inadequate measures of discovering and caring for its mentally defective children, and run the further risk of allowing the present progressive increase of mental defectives to continue unchecked (Hanus, 1913, pp. 20-21).

Religious Institutions

Much of threat of the alien immigrants flooding into the United States during this period can be interpreted as occurring against a religious background. The alien inflowing populations were not only foreign, but they also represented a divergent doctrinal difference. Theological influences not only shaped the sense of threat experienced by the dominant American culture, but also influenced the nature of the response to this threat. Whether they can be considered causes, consequences, or symptoms of the breakdown of the medieval world and the rise of nation-states and capitalism, the theological tendencies expressed in the Reformation have been of profound importance in justifying, and sometimes shaping, certain basic attitudes and patterns of behavior in countries where Protestants have predominated. These tendencies are reflected in a variety of public and non-sectarian provisions in countries like the United States (Kohs, 1966, p. 142).

In contrast to the traditional Catholic views, Reformation theology advanced the view that salvation is by the grace of God alone, and that its attainment is therefore totally independent of good works (Coughlin, 1965, pp. 19-20; Kohs, 1966, p. 139); according to the Doctrine of the Elect, or Predestination, what one did in this world could in no way influence one's ultimate fate, for the love of God is a freely given gift, and He cannot be cajoled or bribed by the good works of aspiring human beings. By thus severing, or at least profoundly attenuating the connection between salvation and charity Protestant theology undermined one of the principal motivations for performing deeds of charity. According to the new theology, the Elect could be picked out by their worldly material success; God's Chosen Ones are those who thrive in this world, who attain to positions of wealth and power through the efficient use of their time and energy, through their willingness to control distracting impulses and to delay gratification in the service of productivity, and through their thriftiness and ambition. Industry, thrift, and efficiency — these were the crucial virtues of the Elect: meritorious conduct in one's relations to others was also important, but its significance was profoundly colored by an attitude towards the poor and needy that was a consequence of the composite ideal. The poor, after all, were not among God's loved ones, for they failed to thrive in the world (Miller, 1961, p. 42). Thus, although Protestant England of the seventeenth century did begin to recognize a responsibility to the poor, the harshness of the legislation enacted is partly a tribute to the dominant Protestant view (Kohs, 1966, p. 142).

The Early Period. In early America, the English Poor Laws provided the model for legislation enacted by local communities (Miller, 1961, p. 63).

> The philosophy of the English Poor Law dominated the thirteen colonies in North America, and dictated the pattern of social services which emerged in the new nation. Poverty and dependency were looked upon as disgraceful, almost a crime, repressive measures were adopted, and provisions for relief were kept to an extreme minimum in the firm conviction that relief in any amount constituted an encouragement to moral turpitude.

Nineteenth century immigration brought to this country masses of people who did not identify with a Protestant denomination and who very often were not imbued with the Protestant Ethic. To the native American highly individualistic "inner directed" characterological ideal, the immigrant presented traditionalistic models of social and individual human existence. Settling together by choice and necessity, these bearers of alien cultures and world-views attempted to recreate in America their traditional life. That is, although they often settled in the city, in an environment that was emancipated, free, progressive, and modern, the newcomers created within this *gesselschaft*[1], their own *gemeinschaft*[2], a community governed by traditional customs and ideals.

Exacerbated by religious differences, the difference between the socially and economically dominant Protestant population and the immigrants was profound. The immigrants, escaping from famines, revolutions, and pogroms, clung tenaciously to communal and religious forms that guaranteed the continuity of their experience. The dominant Protestant population viewed with alarm the intrusion of alien culturebearers that resisted assimilation.

Self-maintenance drives expressed themselves in other ways as well.

> From the 1800's to the 1920's, for example, the white Protestant majority waged an increasingly unsuccessful war to maintain its dominance not only in the sphere of work, where it was skilled, but also in the sphere of play, where it was constantly having to fight for a precarious competence. Hence it resisted any new potentialities for consumership offered by the work-disenfranchised ethnics, ranging from Italian food to borsch-circuit comedy and the Negroid Charleston. Prohibition was the last major battle in that war. Its bad effects were blamed on the "Sicilian gangster" (Riesman, 1965, p. 284).

The refusal of the dominant culture to incorporate any of the cultural forms of the immigrant was paralleled by the effort to force the immigrant to take on American ways, and it is in this connection that large-scale developments in social welfare took place in the late nineteenth century. As the organized conscience of the dominant culture, it is to be expected that the Protestant churches would express the concerns of native Americans although in an idealized way that simultaneously incorporated and masked the hostility and fear that characterized the native American's attitude (Platt, 1969).

The initial response of organized Protestantism to the rise of the large immigrant class living in urban slums was to place the greatest possible physical and spiritual distance between itself and the poor.

> The city was the hot-house of every cancerous growth . . . yet Protestant Christianity, bound by doctrine and tradition to spiritual regeneration alone, did not adopt a satisfactory program of social ethics until late in the century. By rigidly separating body and spirit and denying religious value to the former, Protestant thought necessarily ignored the problem of human welfare in the great cities. . . . Until the mid-eighties the urban poor scarcely figured in Protestant missionary tactics (Abell, 1962, pp. 1-2).

This tendency to withdraw from the corrupt world to the realm of uncontaminated spirit found its expression in the content of church life which made no reference whatsoever to "the spirtual issues

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1. Structural Society
2. Fellowship or comradeship

of interest to the harassed multitudes," or to "modern modes of sinning and living (Abell, 1962, p. 7)." It also, however, was expressed in demographic patterns which call to mind the more recent exodus of Whites from urban communities into which poor — or even not so poor — Blacks have come.

> All could see that as the working class crowded into the industrial quarters the old parochial churches sought congenial sites on the great avenues uptown. When the Civil War ended nearly a half-hundred important congregations had already deserted lower New York, and soon after Bostonians were leaving historic meeting houses for sumptuous edifices in the Back Bay (Abell, 1962, p. 6).

The child-savers, who came from the dominant Protestant culture, aimed their interventions directly at the children of a largely Catholic immigrant group. Catholic fears concerning the "missionary" message of this reform movement seemed to be confirmed by some of the actions and rhetoric of the reformers. Children who were removed from the cities to be exposed to the tonic qualities of rural life often ended up in Protestant homes. The rhetorical emphasis of "making something of oneself," through hard work, impulse control, and moral education, appeared to be a secular version of the Protestant ethos and conception of salvation. For Catholics concerned with the survival of Catholicism in this country, the paternalistic concepts of social work represented a threat. The Catholic response to the child-saving movement was to seek additional ways to provide their own services for Catholic children. They developed their own school system, their own orphanages, their own Catholic Social Services. Their efforts to counteract what they saw as a Protestant-institution erosion of their way of life were duplicated by the Jewish immigrants. Much of the story of the parallel religious institutions, growing up in this country to mirror the governmental monopoly of children's services, can be interpreted as a counter-response to the institution-creation by the dominant Protestant ethos of the country. Both the Jewish and Catholic "newcomers" perceived themselves as involved in a critical struggle to resist the inroads of public institutions, which were claiming their children and thus undermining their distinctive way of life. There has been an uneasy dialogue ever since between the governmental institutions which have become public monopolies and the counter-reactive non-secular systems which grew up as alternatives.

Correctional Facilities

Before 1900 most American penologists accepted the concepts of "criminal class" and "biological determinism." In light of the research presented at that time, correctional officials believed that "a large proportion of the unfortunate children that go to make up the great army of criminals are not born right (Platt, 1969, p. 23)." While correctional workers used the language of Darwinism to stress the need for dealing with the crime problem, they worked through their national representatives to discredit the tenets of Darwinism. Correctional workers favored a more optimistic "nurture" theory because it helped to justify their work. Acceptance of the pessimistic "nature" model advocated by Darwinists meant acceptance of the role of keeper of the genetically inferior criminal class. This role was clearly unacceptable to the growing professional group of correctional administrators and social servants.

The development of "therapeutic" stateges in prisons and reformatories grew out of the new self-image of correctional workers and the domination of physicians in criminological research. Physicians

> furnished the official rhetoric of penal reform. Admittedly the criminal was "pathological" and "diseased," but medical science offered the possibility of miraculous cures. Although there was a popular belief in the existence of a "criminal class" separated from the rest of mankind by a "vague boundary line," there was no good reason why this class could not be identified, diagnosed, segregated, changed, and controlled (Platt, 1969, p. 24).

By the late 1890s hereditary theories of crime no longer dominated the thinking of correctional administrators. Sociological studies of crime were emerging which emphasized the influence of social and economic circumstances on criminal behavior.

The sociological research coincided with the general public feeling about cities: that cities were degrading, violent, and chaotic. The city was the nadir of industrial life. Programs were developed to remove children from the slums

> . . . even if only once a week, into the radiance of better lives . . . . It is only by leading the child out of sin and debauchery, in which it has lived, into the circle of life that is a repudiation of things that it sees in its daily life, that it can be influenced. (Beverly Warner, 1893, quoted in Platt, 1969, p. 25).

The "new" penology, like the new "parental" classes in the public schools, attempted to compensate for the supposedly inadequate home environments of delinquent children. Reformatories should, according to this theory, approximate "healthy" family environments as closely as possible. Within this context of reform, the child-saver movement developed.

> Child-saving may be understood as a crusade which served symbolic and status functions for native, middle-class Americans, particularly feminist groups. Middle-class women at the turn of the century experienced a complex and far-reaching status revolution. Their traditional functions were dramatically threatened by the weakening of domestic roles and the specialized rearrangement of family life. One of the main forces behind the child-saving movement was a concern for the structure of family life and the proper socialization of young persons, since it was these concerns that had traditionally given purpose to a woman's life. Professional organizations such as settlement houses, Women's clubs, Bar Associations, and penal organizations regarded child-saving as a problem of women's rights, whereas their opponents seized upon it as an opportunity to keep women in their proper place. Child-saving organizations had little or nothing to do with militant supporters of the suffragette movement. In fact, the new role of social worker was created by deference to anti-feminist stereotypes of a "woman's place" (Platt, 1969, pp. 26-27).

The child-savers affirmed the values of home life, parental authority, and rural life which were declining in society at large. The main effect of the movement was not in penal reform but in "extending governmental control over a whole range of youthful activities that had previously been handled on an informal basis (Platt, 1969, p. 27)." Their aim was to see the socialization and activities of children strictly supervised. This aim, which amounted to a defense of family life, contributed to the development of the social work profession.

The effects of the child-saver movement were crystallized in the juvenile court system. In effect, the child-savers created, by calling attention to, new categories of deviance and helped launch an institutional system to counter the misbehavior. Children were removed from the adult criminal-law process and placed in the jurisdiction of a new tribunal, the juvenile court. Because juvenile proceedings were defined as civil actions, constitutional safeguards were not applicable.

Statutory definitions of delinquency went beyond acts that would be criminal if committed by adults, to include such vague violations as "vicious or immoral behavior," "incorrigibility," and "truancy."

> The juvenile-court movement went far beyond a concern for special treatment of adolescent offenders. It brought within the ambit of governmental control a set of youthful activities that had been previously ignored or dealt with on an informal basis. It was not by accident that the behavior selected for penalizing — sexual license, drinking, roaming the streets, begging, frequenting dance halls and movies, fighting and being seen in public late at night — was most directly relevant to the children of lower-class migrant and immigrant families (Platt, 1969, p. 29).

The practice of intervening in the lives of children without trial or due process, the concept that case workers need not be regulated in their right and duty to treat (as the right to punish was regulated), and the strategies of indeterminate sentencings and preventive detention represent institutional embodiments of the public image of the child as a *dependent*. "The child-savers were prohibitionists, in a general sense, who believed that adolescents needed protection from even their own inclinations (Platt, 1969, p. 34)."

Mental Health Asylums

Eighteenth-century America devoted little energy to preparations for reform of offending or offensive citizens, whether poor, criminal, or insane. As a matter of fact, there was little discrimination among these various conditions of life.

> Occasionally, in the course of the Colonial period, some assemblies passed laws for a special group like the insane. But again it was dependency, and not any trait unique to the disease that concerned them. From this perspective, insanity was really no different from any other disability. Its victim, unable to support himself, took his place as one among the needy. The lunatic came to public attention not as someone afflicted with delusions or fears, but as someone suffering from poverty (Rothman, 1971, p. 4).

Generally, outdoor relief was provided for the poor, either in their own homes or in the homes of other townspeople. In this ethos of the early village life of colonial America, the condition of poverty, if associated with "outsider" or non-villager, was treated from a perspective of harsh morality and almost paranoid anxiety. The general intervention was whipping, or stocks, or other means of discouragement of settlement. Particularly on the east coast, in towns like Boston, New York, and Philadelphia, there was general surveillance against strangers brought to the shore on ships. Each town tried to discourage lingering and to encourage movement to another town.

This attitude in the colonies toward the combination of strangeness and economic dependency is not surprising, since colonial America merely took over the Poor Laws which developed in England in response to economic and social disruptions following the Middle Ages and the Reformation. Such laws clearly were not drafted for benevolent purposes. Provisions were made to discourage vagabondage and mobility, and to spread the cost of such support among the parishes. The Poor Law Act of 1601, supplemented by the Law of Settlement in 1662, guided this ethic of poor relief in seventeenth and eighteenth-century England and the colonies. The settlement law itself was a repressive measure, drafted to prevent migration of the poor to different jurisdictions for the purpose of resettlement.

The practice of "warning out" strangers to a settlement was quite common. "Indian stragglers and crazy persons were in the early days often driven from the town (Deutsch, 1949, p. 5)." "Another method by which the community rid itself of the insane was by transporting its undesirables to a distant town at night (Fraser, 1973, p. 17)."

In New York an act passed in 1683 "for Maintaining the Poor and Preventing Vagabonds" charged local officials to support the poor and look to "the prevention of Vagabonds and Idle Persons to come into this province from other parts and also from one province to another." The bill required ship captains to supply the names of all passengers and transport back anyone without a craft, an occupation or property. The assembly tightened the regulations in 1721 and said:

> Several idle and necessitous come, or are brought into this province from neighboring colonies — who have either fled from thence for fear of punishment, or being slothful and unwilling to work.

Any householder who boarded a stranger not known to him as a person of "good substance" had to notify the justice of the peace of the "name, quality, condition, and circumstances of the person so entertained (Rothman, 1971, p. 21)."

The statute of 1727 in Rhode Island expressed a frantic fear of such "vagrant" and "indigent" persons and their "cunning insinuations prevail upon town residents to post bond for them;" then "... such profligate persons, by their corrupt morals, too often prove pernicious to towns, in debauching of youth, and enticing of servants to pilfer and steal from their masters. Such persons had to inform officials of their intent to settle within one month of arrival (Rothman, 1971, p. 23)."

The simple, informal approach of supporting their own townspeople either in their own homes or in the homes of other community members, while discouraging the incorporation of dependent strangers was adequate for seventeenth and eighteenth-century America. No special provisions beyond this effort had to be made, because towns were relatively small, and both the hopelessly poor and overwhelmingly rich were limited in number (Goldman, 1952, p. 4).

However, the profound social and political disruptions of nineteenth-century America ushered in a radical change in the perception and treatment of the insane, as with the poor, the criminal, etc. From now on they would be banished to special walled exile, separated from the open community and its daily life. They had to be guarded.

This was not totally a local phenomenon. Radical modifications in the philosophical, social, and economic bases of Europe, across the sea, were interacting with social upheavals and rapid growth and development at home in the colonies. This was the period of the two revolutions, the American Revolution of 1776 and the French Revolution of 1789.

With regard to insanity, it was also a period in European history in which madness was ushered onto the central stage as the overriding symbol of all things irrational, diabolical and threatening to the individual and the social order. Foucault (1973) has presented a thesis that a new morality, a new social ethic based on rational thought and bourgeois order, emerged just prior to the Reformation, and that this ethic confronted irrationality and sloth as its immortal adversary. Part of Foucault's thesis is that as leprosy vanished in Europe a void was created and the moral values attached to leprosy were transferred to this new generic scapegoat — insanity.

According to Foucault (1973), the seventeenth and eighteenth centuries in Europe were the period of the discovery of the "great confinement." He reports that it is common knowledge that the seventeenth century created enormous houses of confinement, but that it is less commonly known that one out of every hundred inhabitants of the city of Paris found himself confined there, within several months. He says that since Pinel, Tuke and Wagnitz, we know that madmen were subjected to confinement for a century and a half in the populations of the prisons, hospitals, and workhouses. He then says:

> But it was rarely made clear what their status was there, what the meaning of this proximity was which seemed to assign the same homeland to the poor, to the unemployed, to prisoners, and to the insane. It is within the walls of confinement that Pinel and nineteenth century psychiatry would come upon madmen, it is there — let us remember — that they would leave them not without boasting of having "delivered" them. From the middle of the seventeenth century, madness was linked with this country of confinement, and with the act which designated confinement as its natural abode (Foucault, 1973, p. 39).

The great threat to the populace, the new horseman of the Apocalypse in Europe, was no longer pestilence and war, it was economic insecurity. The great solution, the ultimate defense against the infectiousness and contamination of economic deviance was isolation and confinement, both within and without. The work ethic was embraced as the raison d'etre of the society. All defaults from this ethic became both an internal and external threat which had to be met with increasingly strong defenses within and the construction of walls around the defaulters without. "The great hospitals, houses of religious and public order, of assistance and punishment, of governmental charity and welfare measures, are a phenomenon of the classic period: as universal as itself and almost contemporary with its birth (Foucault, 1973, p. 43)."

He goes on to hypothesize that men did not wait until the seventeenth century to "shut up" the mad, but that it was in this period that they began to "confine" and "intern" them, alongside an entire population with whom their kinship was recognized: the poor, the criminal, the orphan, etc.

Before this time, madness was a part of life, a state of irrational being which transcended ordinary experience. In the classic age, for the first time, madness became associated with idleness, mendacity and the deliberate crossing of the boundaries of bourgeois order and the sacred limits of labor. The obligation to work was not only an ethical exercise but it was also a moral guarantee against social and personal dissolution.

In France, in the Hospital General, in April 1684 a decree created a section for boys and girls under twenty-five. It specified that work must occupy the greater part of the day, to be accompanied by "the reading of pious books." "They will be made to work as long and as hard as their strength and situations will permit." Every fault "will be punished by reduction of gruel, by increase of work, by imprisonment and other punishments customary in said hospitals, as the directors shall see fit (Foucault, 1973, p. 60)."

It was against this European background that nineteenth-century America discovered the asylum. Rothman says of this development:

> The response in the Jacksonian period to the deviant and dependent was first and foremost a vigorous attempt to promote the stability of the society at a moment when traditional ideas and practices appeared outmoded, constricted and ineffective. The almshouse and the orphan asylum, the penitentiary, the reformatory, and the insane asylum, all represent an effort to insure the cohesion of the community in new and changing circumstances (Rothman, 1971, p. xpiii).

Within a period of fifty years, beginning in the nineteenth century, not only was the penitentiary discovered and spread across the face of the colonies, but by 1860, twenty-eight of the thirty-three states had asylums for the insane. This development was coincidental with sudden rapid growth of the colonies and antedated only slightly the development of compulsory education and correctional programs for youth.

Rothman (1971) points out that the image of Jacksonian society riddled with vice appeared even more sharply in the observations of those concerned with young victims of poverty, orphans and destitute and vagrant children. The thesis developed in general in this paper seems to apply here. The sense of threat associated with the large masses of immigrant children crowded in the slums of urban areas led to special confinement environments for such children. This was the period of the birth of orphanages, institutions for the retarded, refuges for delinquents, and special schools for all types of deviance. "There is no lot as we all know so hopeless and helpless as that of a destitute orphan; its career of sin and ill, when neglected, is almost certain . . . (Cincinnati Orphan Asylum, Annual Report for 1848, p. 3)."

Rothman reports that destitute children were just as vulnerable. The goal of the Boston Asylum and Form School was to take children from "abodes of raggedness and want," where "mingled with the cries of helpless need, the sounds of blasphemy assail your ears; and from example of father and of mother, the mouth of lisping childhood is taught to curse and revile (Rothman, 1971, p. 170)."

The discovery of the great confinement as an antidote to the intolerable anxieties of that fast-moving, unstable period created a new breed of defenders of the public good, the professional caretakers. The houses of confinement were seen, in their initiation, as moral utopias in which the vices and corruptions of urban society were walled out. At the same time, the most contaminated spirits in the community were walled in. The confinees were seen as token proxies, who could be subjected to this uncontaminated social test tube, exposed to moral exhortation and intervention, and turned into the perfect, rational, value-cleansed citizen which their captors prized in their American image-ideal.

As early as 1844, thirteen of the leading medical superintendents in the new asylums across the nation organized the first mental health professional organization. It was the Association of Medical Superintendents of American Institutions for the Insane, which later became the American Psychiatric Association. The professionals, following upon the defensive walling-out process introduced by antebellum society, took possession of the pariah populations banished to the other side of the community walls.

From the early eighteen hundreds until just prior to the civil war, the asylum and the institution of "moral treatment" had been seen as the forefront of cure for the inmates and a demonstration of the utopia that the outside society might someday become, instead of a place riddled with vice, corruption, urban decay, and poverty. However, with the advent of the flood of migrants fleeing Europe and Russia, these institutions began to be overpopulated and overburdened; its residents were as crowded, as idle, and as hopeless as they had been in the teeming streets of the burgeoning cities of the East and Midwest.

Some children found their way into these institutions; however, the discovery of asylum, and the moral solutions to nineteenth-century fright-imagery of lower-class indolence, dabauchery, vile language, tavern and street life, was extended to children and youth through refuges for the delinquent and orphanges for the abandoned. Moral treatment was very much a part of these facilities. The harsh discipline and stern regimentation of those walled-in communities were seen as an antidote to, and reformation of, lives lived in the urban lower class. However, these institutions also had to abandon "moral treatment" and resort to custodial warehousing with the advent of the immigrant flood into the cities.

This seems to be a juncture in American history when the prevailing fright-imagery of insanity, intersecting with rapidly changing social events, fastened with renewed vigor and adhesiveness upon the "foreigners" on our shores. The internalized psychological threat composite of economic immorality, irrationality, and strangeness merged with the external momentous changes of the mid-nineteenth century to concentrate the walling-out solution primarily upon "foreign" settlers. This population pool of noticeably different paupers, with their unfamiliar life-styles carried out in urban settings upon teeming, noisy, dirty streets, became the overwhelming *bete noire* of the antebellum American culture-bearer.

One of the new breed of caretakers diagnosed the situation of these inmates as follows: "It may be supposed that much of poverty has a common origin with insanity both of them represent internal mental character, or physical condition as well as external circumstances (Jarvis, 1855, reprinted 1971, p. 55)."

He further argued that native-born insane should be placed in a separate institution for state paupers rather than in the same facilities as foreign-born who were mostly immigrants (mainly Irish), because of " the wide differences between them and the mass of our people (Jarvis, 1971, p. 149)."

> Yet institutionalization had an appeal beyond rehabilitation. Inmates in this period were typically lower-class, foreign-born, and the children of foreign-born a group that local officials and citizens found convenient to incarcerate. Like other caretaker institutions, the refuge began as an attempt to eliminate delinquents and ended up as a practical method for getting rid of delinquents (Rothman, 1971, p. 261).

In talking about the disproportionate number of foreign-born occupying asylum places, Rothman (1971) reports the heaviest concentration in the eastern institutions. In the 1850's over forty per cent were immigrants. Only forty-three per cent of the poor insane who were native-born Americans ended up in a state institution, whereas almost every one of the insane among the foreigners did. In Taunton, near Worcester, almost half of the inmates in its first ten years, beginning in 1854, were immigrants, most of them Irish. This change in population composition spread to the Midwest. Sixty-seven per cent of the patients at Ohio's Longview Asylum were immigrants. In the state asylum in Wisconsin there were sixty per cent immigrants in 1872.

And so, the dream wrapped up in the asylum as Utopia collapsed when antebellum America became inundated with "foreigners." It was at this point that the dream of middle-class American homogeneity could only be preserved by reversion to radical custodial authoritarianism. The white-hot hope of reforming both the interned populations and the outside society through these special environmental Utopias gave way to the organized chaos of custodial "caretaking." The exhortations of Dorothea Dix and Samuel Howe had faded into the background.

It was as though the fevered excitement over threatened personal and social dissolution abated with the custodial entombment of large masses of foreign-born paupers. There was a long period of quiescence in which the twin specters of insanity and poverty seem to have gone underground. It was not until the beginning of the twentieth century when the "Progressive Era" signaled a rise in political reform movements, economic legislation, and social welfare, that the concern with irrational man flamed up again.

Fraser (1973) reports that in the first decade of the twentieth century many organizations devoted to preventive medicine came into being. These included the National Tuberculosis Association (1904), the American Social Hygiene Association (1909), and the National Committee for Mental Hygiene (1909). The mental hygiene movement's origins were linked to the same forces which fostered the development of other such organizations — specifically, scientific and technological development, progressive social thought, and bureaucratized services. Clifford Beers wrote "A Mind That Found Itself (1908)" and described his recovery within the bedlam of the mental hospital, thus awakening the public belief in cure. Beers recommended the formation of a national society to press for reforms in the prevention and treatment of mental illness. Many professionals reacted favorably, including William James and Adolph Meyer, who recommended the term "mental hygiene" for the new movement. The National Committee for Mental Hygiene was formed in 1909. In 1912 a donation of $50,000 was made to this committee to study existing facilities and recommend new ones (Ridenour, 1964). It was at this point that professionals began to exert the tremendous influence on mental health services that they command today. Their influence can be seen in the literature since that time. We begin to see the disappearance of such menacing classifications as "weak minds" and "diseased minds" and "evil and pernicious children," and in their place such cool "scientific" terms as "mental deficiency," "emotional disturbance," and "delinquency."

In the field of mental health, the mood of the country and the guiding premise of the new Progressives — illness of the social institutions — became a perfect foil for the medically-oriented theories of such figures as Adolph Meyer, Sigmund Freud, and William Goddard. Not only social illness, but also mental illness became great explanatory metaphors for the menacing conditions of life. All sorts of infectious diseases seemed to be on the way to extinction through the marvelous technology of medicine and public health. The illness model, therefore, captured the imagination and hopes of the society. The great confinement and moral treatment had not solved the threats of collective life. Here, however, was a new tool, a new guiding principle by which we might tame the irrational and intractable parts of our own nature and the social institutions spawned by this nature. Early diagnosis, prevention, treatment, cure —all these terms brought a new sense of objectivity to the fearfulness of one's personal relationship to the unpredictability of social forces outside and irrational forces within.

The social Progressive's ideal of prevention found a sympathetic resonance in the theory of psychosexual development. Despite the negative ambiance of sex, childhood became a focal point for action. Now one knew where to begin. Dr. William Healy, a psychodynamically-oriented psychiatrist founded the first Juvenile Psychopathic Institute in Chicago in 1909. The child-savers had already established the first Juvenile Court in Chicago in 1899. Social immorality became transmuted into psychic illness, and the concept of juvenile delinquency merged both public models of human problems into one big social solution. A national conference on the prevention of juvenile delinquency, jointly sponsored by the Commonwealth Fund and the National Committee on Mental Hygiene, was held in 1921. Its principle action recommendation was five-year demonstration of child guidance clinics. The famous Healy and Bronner Report (1926), which was produced out of that demonstration, led to the vast child guidance movement and the rapid proliferation of clinics throughout the United States.

The clinic or "center" had supplanted the asylum as the institutional defense against the menacing presence of irrationality without and within. We no longer needed to wall out this infectious menace. We now had the tools for threat-reduction through individual treatment within the open community. We could now segregate through scientific labels, and isolate through programs of intervention. The populations at risk were still the destitute, the powerless, and the culturally different. The preferred image was still the character type, behavioral pattern and life style of "successful," "hard-working," "gratification-delaying," "stable" middle-class Anglo-Saxon culture-bearers living quietly behind the doors of their own homes, on their own property, in peaceful neighborhoods. Now, however, with the advent of social sciences, and the technologies of social services there was an objectively validated rationale for one's character-trait and life-stle preferences. There were indices of pathology determing who was not socially and emotionally adapted. It was not a matter arbitrary personal prejudice or social power. It was now a matter of science the new national Church; and thus the whole social institution of mental health came into being. The partnership between bourgeois order and medicine, formed around the threat of irrationality at the time of the Reformation and the disappearance of the scourge of leprosy, moved away from the religious ambiance of "moral treatment" into the aura of "public health." The powerful empirical antibodies of medical diagnosis and medical treatment would now be applied to social ills, through the invasion of disorganized community members. Medical treatment provided further protection against the contamination of the individual by individual through the psychological distance of the subject-object split maintained by modern science. Psychological mechanisms of displacement and projection were legitimized by this separation between the excitor and reactor. No longer did sane and insane share sin in common. The disease was within the excitor, not a mutual bond between excitor and reactor. The disease was communicable, but modern asepsis was more powerful than stone walls for protection against this type of transmission. No longer did the dominant culture-bearer have to look into the mirror of irrationality and say, "We have seen the enemy and they are us." Now, the threat to collective orderliness lay without.

IV. CLASSIFICATION

Thus, we might say that much of modern-day concern with individual differences within the professions can be interpreted as a product of the exigencies of our own history. A fairly clear connection can be argued to exist between "scientific" classification systems and overwrought public images of the threat of strangeness and divergence. The phenomenological interpretation of such strangeness or divergence can be the deciding factor in the kind of effect which the divergence will have upon society.

It is not argued that the differences are not real. It is only argued that their collective interpretation creates the negative or positive impact of such differences upon the community psyche.

Many years ago Ruth Benedict (1934) pointed out that individual minority differences do exist in all cultures. However, the meaning of that difference can be radical opposites in two separate cultures. She says:

> It does not matter what kind of "abnormality" we choose for illustration, those which indicate extreme instability, or those which are much more in the nature of character traits like sadism or delusions of grandeur or of persecution; there are well described cultures in which these abnormals function at ease and with honor, and apparently without danger or difficulty to the society (Benedict, 1934, p. 60).

In her article she gives numerous examples of cultures in which even the most extreme types of minority behavioral differences are incorporated as important and venerated characteristics for the society. Her general thesis, like the thesis of this paper, is cultural relativity.

> No one civilization can possibly utilize in its mores the whole potential range of human behavior. Just as there are great numbers of possible phonic articulations, and the possibility of language depends on a selection and standardization of a few of these in order that speech communication may be possible at all, so the possibility of organized behavior of every sort, from the fashion of local dress and houses to the dicta of a people's ethics and religion, depends upon a similar selection among the possible behavior traits. In the field of recognized economic obligations or sex tabus this selection is as non-rational and subconscious a process as it is in the field of phonetics. It is a process which goes on in the group for long periods of time and is historically conditioned by innumerable accidents of isolation or of peoples (Benedict, 1934, p. 72).

She says, further, that over time, every society begins with a slight inclination in one direction or another, and then carries this preference farther and farther, integrating itself and its institutions more and more completely upon its chosen basis, and discarding those types of behaviors that are uncongenial. She says that most of those organizations of personality that seem to us most incontrovertibly abnormal have been used by different civilizations in the very foundation of their institutional life. She says:

> Normality, in short, within a very wide range, is culturally defined. It is primarily a term for the socially elaborated segment of human behavior in any culture, and abnormality, a term for that segment that the particular civilization does not use. The very eyes with which we see the problem are conditioned by the long traditional habits of our society (Benedict, 1934, p. 73).

This paper makes something of the same argument as it looks at significant labels of abnormality which exist in our society. It is argued that the very eyes through which we see the problems of certain children are conditioned by the long traditional habits of our own society.

However, this paper goes further and states that it is possible that much of what we do in public caretaking of such children is a self-protective response to a sense of intense threat, released at another period in history by groups and the living settings they generated, which controverted the traditional habits of our society. The predominating canons of the culture were violated by such immigrant groups. The response was threat-recoil and massive institutional efforts to assimilate such alien culture-bearers into the dominant cultural type that was considered the mainstream.

A sense of disquiet over this prejudicial response, and a sense of decency and fair play resulted in "scientizing" the recoil, and in developing more "objective" categorical niches for unacceptable groups, habitats, and behaviors.

The result of this humanistic effort, however, was to create more difficult problems. Classificatory terms such as "weak minds," "diseased minds," "incorrigible," "dissolute," "sin and debauchery," "sexual license," "evil tendencies," "vicious conduct," "menacing to society," etc., had direct threat-referents when considered in terms of the prevailing codes of conduct of that time. In the original language the community of native reactors to alien immigrants expressed directly the experiences of the moment. The behaviors and characteristics that frightened them and that they rejected were much clearer than the scientific terms we now use.

Over time, the awareness of fear and outrage generated by these alien inputs has faded into the background; the original affective language describing this fear and outrage is also lost in the haze of history. In its place, in the foreground of consciousness of the collective body, remain only the "third-order" symbols or classifications.

The society has not come to grips with the possibility that profound threat-recoil trauma in the past may have so conditioned it that a clear differentiation and choice was made between the culturally ideal type of life-style and the culturally rejected type of life-style. The society cannot conceive that a slight inclination in one direction may have, over time, become quite pronounced. It does not consider that this preference may have been carried farther and farther, integrating itself and its institutions more and more completely upon its chosen image-basis, and discarding those behavioral types and setting types which were uncongenial to the chosen image-set. The professions themselves do not seem to entertain the possibility as they go about their task of "early identification," "differential diagnosis," etc. They do not consider the possibility that their diagnostic categories may themselves mask the threat and hostility expressed by the dominant culture-bearers toward behavioral types and ways of life discarded in the past.

The society itself, as interpreted by the mainstream culture-bearers, seems to be acting as though cultural pluralism is the same threat to the integrity of the whole which it may have been when the nation was new, uncertain and struggling to be formed. Departures from the chosen type are seen as making our country a dangerous place in which to live. Because we are not conscious of our history, and have lost connections which may exist between such terms as "weak minds" and mental retardation; or "diseased minds" and emotional disturbance; or "sin," "debauchery," "evil" tendencies," "vicious conduct" and "delinquency," we are at the mercy of our irrational memory traces. We express our threat and cultural conflict in seemingly meaningless symbol terms.

We are surprised to find that there is no scientific agreement as to the meaning of these terms (Scott, 1958; Mercer, 1973; Ziegler, 1966; Tappan, 1960). Yet, if we look closely at the application of these terms to individuals in our society we can observe a very interesting phenomenon. In spite of the fact that there is no scientific agreement upon criteria for application, we find that the terms are bestowed, with disproportionate frequency, upon the same types of groups, behaviors, and behavior settings, which aroused the original alarm in the main line culture-bearers. The proportion of individuals from alien, minority cultural groups, residing in "undesirable" areas of the city, who are assigned special classifications and processed into special institutional programs is not random. Such selection does not fit the laws of chance. The fact that such classifications and assignments shift over time from one ethnic group to another as groups gradually shuck divergent characteristics, become indistinguishable from the main line culture-bearers, and move out of the tabooed behavior settings, at least arouses questions concerning the process at work.

V. THE RENAISSANCE OF CARING

The Expansion of Consciousness

Every classification carries with it a particular view of the situation or condition that invites the label. It carries a notion of the source of the problem, what the outcome of intervention should be, and what the intermediary should cause to happen. Intervention is value-oriented and value-directed. Without implicit or explicit values, interventions would not be undertaken.

In a world in which there is general consensus about values there is an acceptance of established classifications and interventions. Studies of earlier forms of society, or of "primitive" societies existing today, show that particular kinds of labeling concepts, interventions, and interveners are accepted as part of the givens of life, like the weather and the physical surroundings. A shaman or a medicine man is assumed to be as natural as a drink of water, and as necessary. Similarly, in our society, there was little questioning, until recently, of "fixed" classifications and intervention processes such as are associated with teaching, therapy, counseling and testing. Teachers, therapists, counselors, and testers were considered necessary fixtures in a society which had maintained a consensus with respect to the right relationship between the individual and the society. In the current period of rapidly shifting values, however, this consensus is dissolving. There is no social consensus about the right relationship between men and between man and society. Hence, men are not in agreement about human labelling or intervention structures. The whole area of human caretaking is under careful scrutiny and reexamination by many diverse segments of society. Many of the social and institutional arrangements for care-giving and care-receiving are being sharply questioned.

It is not surprising that at this time in history there should be much concern with the beliefs, practices, and conventions of public caring. Man has been so forcibly confronted with the technical perfection of his destructive tendencies that he is desperate to find a way out before he destroys himself. In all areas of private and public life, radical efforts are being made to break through to his deeper layers of caring. The experienced meaning of care was lost to individuals by the formalization of care structures and processes which isolate the care-receivers from the general populace. Now, like returning feeling in a cramped limb, we are experiencing the pain of direct caring. A new awareness seems to be developing that the caring experience is a necessary ingredient in the preservation of community life.

Many groups of individuals, formerly uninvolved in the functions of care-giving institutions, are suddenly aware of the part they play in the process. Such groups are taking stances vis-a-vis these institutions, and are examining what they do and whom they serve. Many of these groups are opening up previously closed conceptions of the place of these in public life. This applies to the whole range of caretaking institutions, from public schools to mental hospitals. Groups of professionals, of scientists, of care recipients, of various political fraternities, of social critics, of youth groups, etc. are all involving themselves in the life and ways of such social institutions.

Revolt Against Care-Receiving Metaphors

These care-giving and care-receiving metaphors themselves, such as retardation, mental illness and disturbance, delinquency and criminality, culturally disadvantaged, etc., are coming into question (Szasz, 1970; Scott, 1958; Mercer, 1970; Menninger, 1968; Kvaraceus, 1959). The theoretical bases of such philosophical and research attacks differ from investigator to investigator, but the essential argument is that attributing any of the above conditions to individual members of the community involves, in some degree, psychological projection, scapegoating, or arbitrary labeling. These authors frequently examine the function that such assignments serve for society and present sound arguments and documentation that human caring is either absent or distorted in the assignment process. The very tone of their arguments, however, the very substance of their case, is empathy, sympathy, and concern;

it is an implicit statement that the authors know their audience is capable of caring, is capable of revulsion at its own use of labeling to exclude some of its own members.

The technical processes and instruments by which these metaphors are assigned are being successfully challenged, and legal decisions are being handed down against them. Such litigation and the resulting decisions indicate a willingness to use the legal process to review and renew the care-giving and caretaking process.

At the same time, a general revolt is taking place among the labeled groups against public stereotypes of themselves and these groups are emancipating themselves from their own self-acceptance and personal incorporation of such public stereotypes. Individuals and groups boxed into such narrow niches as "homosexual," "criminal," "addict," etc., by society and the professionals serving society are beginning to liberate themselves from these all-embracing social incantations. They are counterattacking both the metaphors being imposed upon them, and the barriers to social participation which these metaphors erect. They not only challenge public authority to impose such barriers, but they are angry at their own previous acceptance of these barriers as natural and justified. They are angry at their previous self-rejection and are beginning to care for themselves.

Revolt Against Care-Receiving Investiture

From many quarters of society, challenges are also coming to the social dominance of care-givers vis-a-vis care-receivers. There is deep probing into the "investiture of care-receiver" bestowed by society upon certain of its members. This probing goes beyond the labelling process and investigates the institutionalized procedures by which we carry out early identification and then program certain individuals through a series of funnels into narrow care-giving niches preordained by society. Investiture of an official care-receiving title, role, and function in society is being demonstrated to be frequently arbitrary and capricious (Mercer, 1970).

The term "investiture" is used here to refer to the broader ecological actions of collectives, not only in singling out candidates for labeling, but also in moving candidates through a set of institutional decision-making structures and critical junctures to the exclusion niche. Jane Mercer's description (1970) of the stages through which a child passes in becoming officially "retarded" in the school system is an example of this type of action structure.

Again, as in the case of the reopening of the labeling process, the questioning of the investiture procedure expresses a new level of caring, a new willingness to act upon one's empathetic concern for fellow members who become victims of such caretaking investiture. The reaction of society, the avid interest which the general public shows in buying books and popular magazines which report such scientific investigations, is an indication of a new aliveness, a new consciousness of caring in the society.

Revolt Against Care-Givers

There is another important movement occurring in the midst of these other evidences of a new consciousness of caring — the credentialized caretakers themselves are being questioned with respect to their qualifications and capacity to intervene in the lives of those to whom they give care. Examples of this questioning are: the challenge of the "indigenous" mental health workers in the Lincoln Mental Health Center against the administration and professional staff, the revolt of parents in inner-city neighborhoods such as the Oceanhill-Brownsville area against the professional authority of the school system. This challenge of the professional intervener is occurring on two grounds: one is the inability of someone so totally removed from the life and culture of the intervenee to be able to care about, understand, and deal with his crushing problems; the second is on the questionable legitimacy of the intervener's special expertness. Teaching, psychotherapy, counseling, etc., the argument goes, are talents widely shared in the population. It does not require a special credentializing process and elite schooling to be effective in such interventions.

Furthermore, this challenge to the unique authority of the professional intervener is tied to a broader examination of the use and abuse of care-giving, caretaking and care-receiving.

Revolt Against the Economics and Politics of Care

There is a serious probing of the economics of care-giving and the social politics of care-giving. There is a growing conviction that those whose careers are based largely upon care-giving and decision-making about care-receivers are in an advantageous position, economically and politically, in society. The official caretaking institutionalization of services such as health, education, and welfare has grown to be a very powerful part of domestic life in the United States. These institutional forms have become mammoth governmental monopolies which reach into many parts of life. Legislators, informal power groups, scientists, university faculties, and others have a tremendous stake in such caretaking monopolies. A presidential or gubernatorial candidate frequently offers some form of caretaking as a major plank in his platform. Special industries such as book publishers, test publishers and test services, equipment manufacturers, etc., accumulate their wealth and prestige from the care-giving industry. Huge government research institutes, major professional schools, and departments in universities in the country are directly tied into the care-giving institutions. Therefore, the mammoth caretaking cartels are the source of great power and wealth.

There is a growing concern about the size of these institutions and about their political and economic importance in this country. After all, the history of the power and wealth of the church, founded to a large extent upon the monastic movement and taken to new power and wealth in the Inquisition, shows the powerful advantage of the care-giving intervener. Ralph Nader's investigation of the National Institute of Mental Health (Chu, *et al.*, 1972), the questions being raised by the poor and the minority groups, the social critics such as Thomas Szasz (1970), Franz Fanon (1968), John Holt (1964) and Ivan Illich (1971), all demonstrate the new probing into the economics and politics of care.

Behind such powerful reexamination is a strong concern for the real meaning of care, a desire to strengthen the sentiment of caring, and an attempt to disentangle it from some of the overlay of power and economics, so that it might be made clearer and free of some of its contaminants.

Revolt Against Caretaking Institutions

There is another curious set of events taking place across the country and across institutional lines. It is occurring in relation to educational institutions, correctional institutions, mental health institutions, and welfare institutions. These events have to do with questioning the legitimacy and power of these institutions to regulate, control, or intervene in behavior. It is interesting that the care-receivers themselves are raising questions about their mandated interactions with these institutions. It is even more interesting, however, that some of the professional and scientific groups aligned with these institutions, and increasingly large segments of the general populace, are also joining forces with the compulsory care-receivers. The events at Attica prison, repeated in less dramatic fashion all across the nation, are an example of this trend. The various forms of student unrest in public schools and universities are another example. The wide questioning of and searching for alternatives to mental institutions are still a third example.

In general, the criticism is against the way in which these facilities deal with their resident populations, against the quality of relationships, against the lack of compassion and relevance. Some recent experiments raise even more serious concerns. One is a Stanford University experiment in replicating a prison atmosphere and the simulation of inmate and custodian roles (Zimbardo, 1973). This simulation had to be halted after a few days because of the violent changes taking place in the feelings, attitudes, and behaviors of the role players. The other was a study by a Stanford University psychologist (Rosenhan, 1973, pp. 250-258) in which eight colleagues successfully feigned symptoms of schizophrenia, hoodwinking doctors at all twelve hospitals they visited in a five-state area. Diagnosed as schizophrenic, the pseudo-patients were admitted as inpatients. They were not released until an average of nineteen days had passed, even though every one dropped the phony symptoms upon admittance. There were a number of very interesting evaluations of serious pathology in these "sane" pseudo-patients. Although the hospital staff was frequently benign in their treatment of these phony patients, the relationship was depersonalized.

These attacks on institutions from many quarters suggest that our major caretaking solutions are being declared irrelevant and inhuman. Providing care for deviant populations is no longer sufficient reason for being in today's society. New measures have to be found, new care-relating structures have to be created.

Underclass Revolt

Along with the self-caring reaction of individually labeled groups such as homosexuals or prisoners, we are also witnessing a significant growing community sense among the underclass groups who now see themselves as the major recruiting pools from which the individual care-receiving categories are drawn. Their strengthening sense of community grows from their developing conviction that their own self-denigration of their underclass status, such as poor, or black, or Chicano, or Indian, makes them particularly susceptible to the social contagion of such roles as mentally ill, alcoholic, addict, prostitute, pimp, etc. They are declaring to their fellow-members that self-denigration makes it easy for main-line culture-bearers to assign them such roles. Therefore, they argue that as a group they must counteract self-denigration and foster self-respect and self-caring by emphasizing the exact antithesis of the public image assigned by society. "Black is beautiful" is a typical expression of this attitude, or "political prisoners," or "racism" or "chauvinism."

Therefore, any attempt of the intervention structures of society to focus their case-finding, diagnostic, corrective, rehabilitative, or remedial services upon special ethno-cultural groups is increasingly being met with active resistance and counter-control efforts.

Revolt Against the Melting Pot Myth in Caretaking

Along with this new perception of the care-receiving segment of the general population, a more generic concern has begun to surface. The many specific examinations of care-giving philosophies, attitudes, structures in society have led to a rethinking of the melting pot homogeneity assumption which has been so significant in the history of this country. The question is being raised as to whether this conventional belief system has not always been based upon a myth. Is it not true, the query goes, that the real motif of this country has always been ethno-cultural pluralism? Does not the melting pot assumption militate against group and individual rights and differences? Does it not sustain a fantasy of an "ideal type," an "inherent cultural normality," a single standard of behavior to which all could and should adhere? Isn't this essentially what a major part of all our care-giving labels and intervention attempts insure? Are not many of our care-giving efforts of treatment, remediation, education, rehabilitation, etc., aimed toward achieving in all members of the society some attainment of the vaguely hypothesized healthy, happy, normal individual? So goes the new dialogue.

The gathering force. At the present time these separate movements, actions, and voices are unorganized and lack any central unifying focus. However, each of them can be perceived as a new emergence of caring, a re-experiencing in new depths of the dimensions of a strong force, relatively inactive over a long period of history. It is as though our society has gone through a long period of a collective neurosis, in which the strong drive of man to succor his fellow man has been submerged under layers of fear, hostility, and defensive impersonalization. It is as though threat and its institutionalization had so obscured the individual caring drive that it was rendered impotent and passive by the mammoth systems of labelling and intervention which came between the drive and the objects of caring. It is as though we defused the caring force, and separated man from his caring affections by classification and intervention structures.

But the strength of the above-mentioned efforts indicates that the caring dynamic has become a deep force in the social order today, and promises to gain strength and power as it advances. No matter where you look in the society today, there is this new awareness of conscious caring, and of its significance in counteracting the forces of technical destruction let loose in the world by the perfection of a nuclear holocaust. This has led to a total examination of the right relationships between men and between men and community; and in the process the whole fabric of our caring apparatus and assumptions is under scrutiny. Any thought about future labelling and interventions has to take this force into account.

One final note to some of our young colleagues who have read this last section and are turned off by its optimism. They question whether this state of consciousness really exists any longer. They say that in the last two or three years this country has moved into an unprecedented state of apathy and resignation. To them we acknowledge that we may be talking about only a minority in society which is fully aware at the moment. We insist, however, that their yearnings and desires are not theirs alone. These hopes are shared with many others who view the chaos in our institutions and care deeply about what is going on. We argue that the forces described are real and tangible, and like all forces in history, they will be felt. They are just below the surface of men's consciousness. The thin layer of depression that covers them over at the moment is only a crust, like leaves hiding the spring bulb about to burst free. We contend that this great awakening of consciousness is also rumbling just beneath the surface of community and that the very depression which they are experiencing is but the harbinger of a new growth, a new renaissance of caring which is also bursting free.

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THE TREATMENT OF DEVIANCE BY THE EDUCATIONAL SYSTEM: HISTORY

by

Edward Hoffman

I. INTRODUCTION

The purpose of this paper is to trace the historical development of the involvement of the American public school system with children it has viewed as mentally or socially maladjusted or emotionally disturbed, or most recently, as possessing learning disabilities. An historical overview will be presented, tracing the major trends and most significant events in special education, together with the development of school psychology and guidance and counseling services as they have related to such children. And finally, the concomitant involvement of federal and state governments with school programs for these children will be reviewed.

The format of this paper will be a relatively linear account of changes in educational attitude, and in theory as well as practice, by the public schools toward children it has considered to be socially or mentally deviant. Though obviously arbitrary to some extent, for purposes of historical logic and coherence of form, four main, more or less distinct periods are identified and discussed separately: the first period, in the nineteenth century, in which other social institutions laid the groundwork for later public school involvement; the second period, from the late nineteenth century to World War I, in which special classes and schools for such children first arose and took form; a "middle" period, following World War I through World War II, highlighted by the development of school psychology and guidance-and-counseling services, with their increasing reliance on intelligence and other standardized tests, together with the continued growth of separate facilities for these children; and, the post-World War II era, characterized by the rise of parent-interest groups and concomitant increase in state and finally federal involvement in this educational domain. It is in this latter period that a new category of child deviance has been defined by schools, that of learning disabilities. This relatively recent development will be similarly examined.

In general, one can find little in the literature of either regular or special education that offers an historical overview of this nature. Furthermore, partly under the impetus of concerned parent groups, child advocates and others, contemporary school programs for exceptional children have come under increasing criticism. Recent court decisions have begun to strike down the separate tracking structures or systems within the public schools, and the publicizing of the shocking conditions which exist in such institutions as Willowbrook State Hospital in New York have further awakened public concern for care and education of mentally or emotionally handicapped children. Thus, an analysis which attempts to answer such questions as, "Why were special classes or special schools set up in the first place? How have American public schools actually viewed retarded or disturbed children?" becomes of increasing import and urgency.

In any historical examination, except perhaps for a simple enumeration of isolated dates and facts, a subjective element is inevitable. Particularly when focusing on developments of a social nature, the issue of what exactly constitutes historical "truth" is a difficult one. In attempting to evaluate, for instance, the original attitudes, philosophies and goals of those who made policy decisions regarding special children in the schools, it is obvious that one cannot simply take at face value their own reports or descriptions (which, however, comprise the bulk of historical data in this realm); only the most naive can believe that decision-makers are guided solely by principles of altruism or benevolence. Yet few, even retrospectively, are willing to admit to other motives. This problem is no less acute in the field of educational history. In a recent discussion of precisely this issue, C. Greer (1972, pp. 38-39) observed:

> The dominant early genre in the history of education in this country was a version of house history comparable to the work of early denominational histories. Like ministers writing sectarian histories for their colleagues, educational historians often wrote to unite and inspire their co-workers in the schools Commonly, school superintendents themselves wrote these histories. When others recorded the past, they usually told the facts the administrators chose to divulge.

For this reason, then, the utilization of primary source material, especially in analyzing the early, yet crucial, history of public school involvement with children it has viewed as deviant, becomes essential. As we shall see, such primary material as original school reports and recommendations are helpful indeed.

As a final introductory note, it should be carefully borne in mind that the historical developments described in the pages that follow have taken place at all times against the larger backdrop of American society. This point will be made more explicit at times in this review, but it must be recognized at the outset that public schools have always reflected, to varying degrees, the cultural, political and economic changes occurring in the broader social context.

II. EARLIEST FORMAL EFFORTS FOR THE DEVIANT CHILD: NINETEENTH CENTURY

Public schools in the United States did not begin to become involved with the mentally retarded and the emotionally disturbed until late in the nineteenth century. However, the rudiments of education for some of these children were provided, primarily in state institutions for mentally retarded, emotionally disturbed, and socially maladjusted children or youth. For this reason, some background history concerning the development of these institutional arrangements will be provided in this first section of the review.

The Mentally Retarded Child

The history of the education of the retarded in modern times begins with Jean Itard's attempts in France, in 1790, to train the "wild boy of Aveyron." This was a boy of about twelve, captured in the forest of Aveyron, who was unable to speak, responded to food only by smell, and who, in general behaved like an animal. Pinel, France's leading expert on the mentally disordered, pronounced the boy an idiot (the term used until comparatively late in the nineteenth century to describe the mentally retarded). According to the beliefs of the time, the child was considered untreatable. Jean Itard, then a young physician at the Institute for the Deaf in Paris, disagreed with Pinel on the diagnosis, and attempted to restore the boy to normalcy. Itard felt that the boy suffered from a cultural rather than a mental deficiency; he concurred, though, with the prevalent opinion that the mentally retarded were incurable. His efforts with the boy centered around sensory stimulation exercises for each of the senses, together with techniques for speech formation that he had devised in his work with the deaf. The boy did make minor gains but neither learned to speak, nor developed any conceptual intelligence.

Itard believed he had failed and returned to work with the deaf; but Edward Seguin, first a teacher and later a medical and surgical student under Itard, became interested in the possibilities of educating the retarded. In 1842, he persuaded Paris authorities to found the city's first school for care and education of such children; in 1848, when Napoleon III assumed the throne, he emigrated to the United States on invitation from Dr. Samuel Howe, a leading New England physician and social reformer. From that year until well after his death in 1880, Seguin's ideas, based on a neurophysiological model, had major impact in the United State upon the view of mental retardation. He utilized motor training, involving especially the hands and the sense of touch. Seguin's model stressed the importnace of learning and training in the development of mental abilities, and therefore offerd a relatively hopeful view of education for the retarded.

During the middle decades of the nineteenth century, Dr. Samuel Howe of Massachusetts was a major influence in bringing about state involvement with the education of the mentally retarded. As we shall see, his efforts on behalf of "socially maladjusted" and "incorrigible" children were also influential. Early in Howe's experience with the blind and deaf, he became aware of the relationship between sensory loss and mental deficiency. In 1837, at the Perkins Institute for the Blind in South Boston, he started a class for the training of retarded children. In 1846, Howe became a member of the Massachusetts State Legislature and helped authorize a state commission to report to the legislature on the number and conditions of the mentally retarded in the state. Based on this report, the state appropriated, in 1848, approximately $2500 per year for three years for the teaching of retarded children. This was the first state-supported school for the mentally retarded in the United States. In 1851, separate facilities for the retarded were established at the Institute, later known as the "Massachusetts School for the Feebleminded."

The first private school for the retarded was established in the same state, in 1848, by Dr. Harvey Wilbur. In 1851, after several unsuccessful attempts at legislation, New York State authorized Dr. Wilbur to establish a school for such children in Albany; in 1855, the school was transferred to Syracuse, where permanent structures had been erected under Dr. Wilbur's direction. Within a period of ten to fifteen years, Ohio (1857), Connecticut (1858), Pennsylvania (1859), Kentucky (1860), Illinois (1865), and other states predominantly in the Northeast and in New England had begun to set up educational facilities for the mentally retarded.

During this middle-period of the century, a generally hopeful and optimistic view of the nature of mental retardation was held. Heavily influenced by Seguin's ideas, American researchers believed that retardation was a treatable and potentially curable condition. Further, the New England social reform movement, led by such thinkers as Emerson, Hawthorne, Thoreau, William Lloyd Garrison and others, argued compellingly for an environmental or social view of criminality, pauperism, and mental disorder. Dr. Howe was an active participant in this general social reform movement, and fought, for example, in the abolitionist struggles. He and his colleagues believed that retarded children were more a product of ameliorable conditions than of innate, hereditary factors. Thus, in 1857, upon the veto of increased state support for education of the retarded by the governor of Massachusetts, Dr. Howe, (1857, p. 14) in an open letter of protest to the governor, contended:

> Idiotic children are found mostly among the poor and humble. The causes of this are plain to anyone who considers the general truth that the *quantum* of intellectual power depends upon the condition of the bodily organization. Nutrition tells upon brain as well as muscle.

During the middle decades of the nineteenth century, then, the prevalent view of mental retardation among educators in the more progressive states was that environmental factors such as inadequate health and diet were of major importance. It was consequently believed that training and education could significantly offset the detrimental environmental influences which caused retardation. As a result, the state facilities established for the retarded at this time reflected very hopeful expectations. A. Deutsch (1949, p. 347) observed:

> Like the state hospitals erected during the heyday of the cult of curability . . . the early institutions for the feebleminded were launched on a high wave of optimism. Almost without exception these schools were organized along strictly educational lines and were considered to represent, primarily, extensions of the common school system. They were founded on the supposition that most feebleminded children through proper training could be improved sufficiently to restore them to the community as self-supporting citizens. Their major purpose as indicated in their titles, was educational rather than custodial, they were regarded as being truly schools rather than "institutions."

The instruction that the children received in these facilities was in large measure derived from the ideas of Seguin as applied and developed by American special educators, such as Dr. Howe and Dr. Wilbur. Muscular training to improve motor coordination was stressed, particularly the use of the hands and the sense of touch. Music was utilized to develop auditory powers, which were then aimed towards speech formulation through imitation of the teacher's articulation. Visual abilities were trained through direct manipulation of objects of various colors and forms. If speech formation proved successful with the child, writing, and finally, reading were taught. This was a method which emphasized the individualization of instruction, and which stressed the importance of the teacher-child interaction. Differences between mildly and severely retarded children were, of course, recognized; however, it was felt that it was only a matter of stimulating the proper neural receptors in each condition, and the education methods were the same for two groups.

Beginning in the mid-1860's this mood of relative optimism began to change. One factor was the influential Dr. Howe himself; by this time he had become somewhat discouraged with the results at the Perkins Institute. He had come to believe that the blind were innately inferior in mental ability, and that heredity was far more important than he had previously considered. A second, more pervasive influence was the gradual rise of Darwinist thought. With the dramatic publication of *Origin of Species* in 1857, the hereditary or biological view of man began to increase in importance. The impact of Darwinist thought on American educational philosophy and practice will be explored later in this paper, but suffice it to say at this point, that the environmental view of mental retardation began to give way to an emphasis on innate deficiencies. A mood of pessimism became dominant, and state institutions for retarded children, originally designed for purely educational purposes, became more and more custodial in nature. The last quarter of the nineteenth century was marked by a gradual abandonment of hopes for significantly educating the retarded child.

The Behaviorally Deviant Child

The terms and definitions used historically to describe behaviorally deviant children have never been very precise. Children or youths who may be described as "emotionally disturbed" have alternately been viewed as "incorrigible," "truant," "socially maladjusted," "socially handicapped," etc., if they have run afoul of state legal and behavior regulating agencies. In the case of those whom we might label today as "psychotic," "schizophrenic," or "autistic," such persons were viewed simply as "mad," "lunatic," or "insane." Until the last quarter of the nineteenth century in America, two broad categories existed to describe behaviorally deviant adults or children: the "dangerous and violent" on the one hand, and the "harmless and mild," on the other. Treated by methods that dated from the Middle Ages, the dangerous insane were handled little better than criminals, while the harmless were dealt with in the same manner as other classes of public dependents.

In the 1820's, in the United States, almhouses began to be erected for the destitute. Originally designed to provide humane and moral care for the poor, they became catch-alls for the retarded, insane, aged, infirm, and others whom the larger society could not or would not assist. In 1828 in Massachusetts, following a stirring plea by Horace Mann, the legislature authorized funds for a state hospital for the insane. Within several years, other states had begun similar enterprises. Conditions in these institutions, however, were little better than in the almshouses, and steadily worsened through the decades of the 1830's and 1840's. As is true today, patients in these hospitals were predominantly of the poorest classes. As Deutsch (1949) stated, "buildings resembled barracks or poorhouses rather than hospitals for mentally ill (p. 142)." Other societal forms of "treatment" for emotionally disturbed children and adults included selling them as chattel slaves in public auctions and "dumping" them at night, gangster-fashion, in distant towns in the hope that they could not be traced back to their original places of settlement.

Due partly to the prolonged and consistent efforts of Dorothea Dix in the middle of the nineteenth century, some of these practices were terminated. In a bomb-shell report to the Massachusetts Legislature in 1843, she documented instances in that state, actually one of the most progressive in the nation, of how mentally disordered persons were kept in barns, chained to stalls, locked in local jails, or even put in cages. Her solution was to remove the mentally disordered from the jails and almhouses, and place them in modern hospital facilities. Over the next few decades this was indeed the trend, as states began to build special structures or asylums for the emotionally disturbed. These facilities were an improvement over the prisons and poorhouses, but they were often built as cheaply as possible, with rehabilitative and educational programs non-existent. It was in such institutions, increasingly custodial in nature, that children whom we would describe today as "severely emotionally disturbed" were placed, unless, of course, they came from parents wealthy enough to provide private attention. Even in the latter case, however, medical knowledge of mental disorder was so limited (e.g., bloodletting was a common form of treatment) that little was done to assist these children.

Such was societal involvement with children viewed as insane, those whom we might today describe as severely emotionally disturbed. But what was public philosophy and practice toward those deviant minors who were not considered mentally ill? As with the mentally retarded and the severely disturbed, public schools did not become involved with such children until quite late in the nineteenth century. Other institutions were developed to cope with "socially maladjusted" children.

In a landmark study of the treatment of social deviance in nineteenth century America, Rothman

(1971) observed that it was not until the 1830's that formal institutions for child-care took root. Until that time, dependent children were generally cared for through informal arrangements among community members. The reformatory for disobedient children or the "house of refuge" became increasingly popular during the next two decades, so popular among government officials, in fact, that (p. 209):

> The admissions policies of child-care institutions were a catalogue of practically every misfortune that could befall a minor. The abject, the vagrant, the delinquent, the child of poverty-stricken or intemperate parents were all proper candidates for one or another asylum or refuge . . . The new structures never won a monopoly. Nevertheless, they did become the model treatment for the homeless and delinquent. Like the mental hospital, penitentiary, and almshouse, they dominated the thinking of interested reformers, competing successfully for city-council, state-legislature, and philanthropic funds.

Conditions in these institutions for children were frequently harsh and brutal, with an emphasis on discipline, strict routines, and the isolation of the child from his home environment. Rothman (1971, pp. 230-231) noted:

> Fundamental to the institutions' discipline was habitual and prompt punishment, so that the inmates' infractions not only brought a mark in the grading system, but an immediate penalty as well. Corrections ranged from a deprivation of a usual privilege to corporal punishment, with various alternatives along the way. There was the loss of a play period, increased work load, a diet of bread and water, Coventry — with no one permitted to talk with the offender — solitary confinement in a special prison cell, wearing a ball and chain, the whip — and any one or two of these penalties could be combined with yet another and inflicted for varying lengths of time.

Largely in reaction against this pattern of institutionalization, the first state educational facility for children or youths considered socially maladjusted was founded in Westborough, Massachusetts in 1846, and opened in 1848. Created by individuals who were active in promoting better care and education for the retarded, such as Dr. Howe, this institution was not originally designed to be punitive, but was established with reformatory and educational goals in mind. Hence, the intentional designation "reform school." It was felt by advocates of this system that children who were destructive and vicious should not be treated as evil criminals, that with proper tutelage and guidance they could become decent members of society. But to do this, the reformers believed two major conditions were necessary: the children must receive proper parental models of behavior, and they must be separated from the breeding grounds of delinquency, namely, the city.

The notion that the urban environment was a primary cause of delinquency and anti-social behavior was a deeply-rooted attitude among American intelligentsia of this period. According to L. Marx (1970), the dominant view of cities, first clearly articulated by Jefferson, was that they were the breeding grounds of crime, disease, and immorality. The ideal citizen was the country gentleman, Jefferson's "noble husbandsman," who was thought to live in quiet harmony with neighbors and countryside. Thus, Marx (p. 235) describes how Ralph Waldo Emerson in 1844 publicly expounded on this theme:

> Cities, he tells the audience of Bostonians, drain the country of the flower of youth, the best part of the population, and leave the country-side (in the absence of a landed aristocracy) to be cultivated by an inferior class. He therefore would arrest the growth of cities, and he urges support of "whatever events" as he puts it "shall go to disgust men with cities and infuse them with the passion for country life..and country pleasures . . ."

Speaking of the pastoral idea and anti-urban bias that characterized social thought at the time, historian Richard Hofstadter (1961) analyzed this "agrarian myth" and noted that:

> Particularly after 1840, which marked the beginning of a long cycle of heavy country-to-city migration, farm children repudiated their parents' way of life and took off

> for the cities, where in agrarian theory, if not in fact, they were sure to succumb to vice and poverty (p. 32)

This idealization of country life, together with the belief in the virtue of traditional family upbringing, characterized the philosophy of the founders of the Westborough facility, which was used as a model for subsequent institutions for unmanageable youths. The intent was to take these children away from the city streets where they had been corrupted, and place them in serene and undefiled country homes. Upstanding members of the rural community would provide models for appropriate behavior and teach the youths vocational skills.

The goal of lodging the children with real, farming households ran into difficulties from the beginning. For one thing, it seemed that the farmers themselves had not been consulted very adequately about the idea and it was extremely difficult finding homes that were willing to take in children or offer apprenticeships. The Depression of the 1850's brought financial strains, and by 1857, over-crowding had filled the Reform School to double its original capacity. In 1859 a newly built extension, together with most of the entire institution, was burned to the ground by one of the inmate boys. The school's policy-makers decided to rebuild, using the family cottage model. This plan, however, was never realized. Perhaps due to public outcry over the alleged lack of discipline and the sudden spurt of escapes during the Civil War, and due also to economic factors, the Westborough Reform School began to assume a form that would have been unrecognizable to the goals of its founders. A. B. Richardson, in a collection of essays sponsored by the Committee on the History of Child Saving (1893, p. 60) noted:

> This institution was intended to be a reformatory, but from the beginning the main building was to all intents and purposes a prison. The doors were bolted, the windows barred, and the dormitories were practically cells.

In this same collection of essays, an observer of the Westborough Reform School (renamed in 1893 the Lyman School for Boys) reported with approval that "An integral element in the school system is the military drill (all in uniform with real swords and muskets)" and that "runaways, when captured, may be punished by a simple loss of credits and a whipping, or confinement in the lockup may be added (p. 237)."

Yet as earlier described, the original intent behind institutions such as Westborough was educational and not punitive; youths who might be labeled today as "socially maladjusted" were to be lodged with sympathetic rural families where vocational and academic skills could be learned. The original purpose of the Reform School was purely instructional, for it was felt that only through identification with real parental models could the children mature socially; gathering a large number of such youths in an institution would only serve to compound their difficulties.

Thus, in 1854 Dr. Howe had vigorously opposed the creation of a proposed girls' reform school at Lancaster, which was to serve solely as a detention center. His opposition, however, was unsuccessful, and by 1866 he had become generally disheartened regarding the increasing size and bureaucratization of the state reform schools and mental hospitals. It was at this time that such institutions began to take on the form they have held ever since.

Why did these developments occur, transforming the reform school into almost a caricature of its original plan? M. B. Katz (1968, p. 206) has suggested:

> In the mid-nineteenth century new institutions started in a blaze of reformist zeal. Promoted by talented general reformers like Howe, they expanded more rapidly than any of their founders had intended. Expansion was accompanied by the growth of a professional, bureaucratic, managerial group: wardens and their assistants. In part, bureaucratization was a necessary concomitant of managing large, specialized institutions. But size and professionalism led to the lack of warmth inherent in all large institutions. And it was warmth that was the essential ingredient in the 1840 formulas for the remaking of criminals, delinquents, and the insane.

Another important impetus in the abandonment of the emotionally disturbed and socially maladjusted to custodial institutions was the belief that social deviance was a more or less inevitable product of the immigrant population, largely poor and uneducated. Grob (1961, p. 182) noted that by the 1860's:

> . . . the public had become conditioned to the identification of poverty with immigration. Fifteen years of constant agitation had done much harm to under-mine the more optimistic humanitarian attitudes that had prevailed earlier.

Dain (1961, p. 99) in a discussion of this same trend further commented:

> . . . the closer the poor came to the standards of propriety set by the middle classes, the more sympathetically psychiatrists looked upon them. An article in the *New Hampshire patriot* . . . declared that the New England poor, in contrast to the poor in Europe, were worth restoring to sanity because they generally had some education as well as moral and religious training. New Englanders, however degraded, had "a foundation of moral and intellectual character" that encouraged attempts to cure them. The poor who were cured in Europe were "found hardly worth the labor and cost expended upon them."

It was this trend, it may be argued, together with the increasing emphasis in social thought of a Darwinist view of the human organism, that led in the latter nineteenth century in America to a relatively impersonal, institutional custodial treatment of children whether they be viewed as mentally retarded, severely emotionally disturbed, or socially maladjusted. It is to the public schools and their involvement with such children that we now turn.

III. THE INVOLVEMENT OF PUBLIC SCHOOLS: CA. 1874-1914

The period from approximately the last quarter of the nineteenth century to the beginning of World War I was one in which public schools in the United States assumed their present form. Reflecting the many changes occurring in the larger social system, the public school became an integral part of the new, mass-industrial order of American society. From a period in which the public school had been primarily a luxury for the middle class, it became the public institution most responsible for the socialization of the child in America. The school's socialization process can be seen as either democratizing and moral or as critics such as Paul Goodman, Ivan Illich and others have argued, as constricting and repressive. But it is nearly universally recognized that aside from providing the child with knowledge and skills, the school has taken on, with the family, the major role of bringing the child into the general value-system and life-style of the society. To accomplish this, the school has had to either implicitly or explicitly define "normality" — those elements of attitude and behavior that are deemed appropriate for acceptable functioning in the culture, consequently, the school defines deviance from this set of desired behaviors. It was during this period that the public school began to assume an active societal role, and that the concomitant rise of special educational structures took place.

One of the most fundamental and far-reaching changes which occurred in the public school was its transformation from a relatively minor societal institution, catering largely to the middle class, to one which was not only *available* to all segments of society, but which was legally empowered to *compel* all children to attend. It was this development, perhaps more than any other, that led to the first involvements of public schools with children we might view today as possessing either intellectual or emotional disabilities. (The label "emotionally disturbed" has been used only recently. Children who are described as "truant" or "incorrigible" in the accounts which follow are those who might presently be termed "emotionally disturbed" or "socially maladjusted" by the schools.)

In discussing the importance of the development of compulsory schooling upon school involvement with exceptional children, A. O. Heck (1940, p. 21) noted:

> Public education did not take much interest in such special schools or classes until compulsory-attendance laws came into being. These laws forced all children of given ages into school; this brought to the attention of educators a group of children who for various reasons had previously been eliminated at an early age; they had not, therefore, caused the schools any trouble.

Heck went on to say that in the case of the retarded child, until mandatory attendance was instituted, he or she would most likely have dropped out in the early grades, or would never have been enrolled in the first place. As for the "incorrigibles," the children who were found defiant and unmanageable by the teachers, it seems reasonable to assume that a large part of this defiance was due to their forced, unwilling attendance. In many instances, such youths were working to support themselves, or simply exploring a bit of the world, until various social and economic factors led to compulsory schooling. L. A. Cremin (1961, p. 127) commented:

> Compulsory school attendance marked a new era in the history of American education. The crippled, the blind, the deaf, the sick, the slow-witted and the needy arrived in growing numbers. *Thousands of recalcitrants and incorrigibles who in former times might have dropped out of school now became public charges for a minimum period* [emphasis added].

Between 1852 (Massachusetts) and 1918 (Mississippi), all the states in the Union enacted such legislation. However, while these laws existed on the books, it was generally not until the 1890's, as Heck (1940) pointed out, that provisions began to be made for the enforcement of this legislation. The Harpur Commission Report (1899) cited one source that also noted a growing trend in the 1890's toward a more stringent administration of compulsory-attendance laws. It was at this time, too, that educators began to speak of the need for establishing special classes or schools for recalcitrant or mentally deficient children. It does not appear to be an historical accident that these events occurred at the same time.

A significant educational event occurred in 1898, when the Educational Commission of the City of Chicago was authorized by the Mayor and City Council to perform an in-depth study and evaluation of the ailing Chicago school system. Under the direction of W. R. Harpur, this report, whose recommendations became a model for many urban school systems in the United States, urged the establishment of special "ungraded" classes and "Parental" schools for children found to be unmanageable in the regular classes. One source quoted by the Harpur Report (1899, p. 161) explicitly related the enactment of compulsory schooling regulations to the necessity for creating special educational facilities:

> The Compulsory Attendance Act has for its purposes the reformation of these vicious children. They cannot be received or continued in the regularly organized schools, they were admitted into these schools, they were encouraged to do right, they were reproved; they were punished for misconduct; they have been suspended from further attendance in their classes, their parents cannot or will not control them, teachers and committees fail to correct their evil tendencies and vicious conduct. What shall be done with them? The Compulsory Attendance Act commands that they shall be placed in schools, if not in the regular schools then in other schools to be provided for them.

In the same report (p. 163), the earlier Superintendent's Report of the Chicago Board of Education in 1894 was quoted in part:

> There are also a large number of children who are constantly dropping out of our schools because of insubordination to discipline and want of cooperation between the parents and the teachers and they are becoming vagrants upon the streets and a menace to good society. The welfare of the city demands that such children be put under restraint . . . . I therefore call attention again to the necessity of the establishment of a parental school for the benefit of such children.

And, finally, the Harpur Report (pp. 163-164) quoted one educator of the time who strongly urged that:

> By all means the board of education should have the power to establish and maintain one or more of such schools, and thereby break up or avoid the formation of bad habits and character, and thus save many children from becoming criminals . . . . We should rightfully have the power to arrest all the little beggars, loafers and vagabonds that infest our city, take them from the streets and place them in schools where they are compelled to receive education and learn moral principles.

From the nature of these quotations, selected with consensus by the Chicago Educational Commission, it seems clear that the overriding concern of the school authorities was to isolate these children from the classes which they disrupted. The first source described the mandate of the Illinois Compulsory Attendance Act that compelled the schools to deal with these children. The other two sources highlighted the problems such children posed to the city as a whole, and contended that it was the responsibility of the public schools to remove these youngsters from the streets and attempt to socialize them. But who were these children? Who were their parents, described in two of the above quotations as uncooperative and unresponsive to school administrators? Hawes (1971, p. 161) noted that "in the 1890's most of the juveniles arrested by the police of Chicago were the children of immigrants."

In general, the increasing stringency with which the compulsory attendance laws were enforced can be seen as a direct effort to restore stability to a culture which had been inundated in a comparatively short time with a huge influx of foreign-speaking immigrants. Large numbers of immigrant families from widely divergent ethnic backgrounds had suddenly swept into the cities, and it was to the public schools that traditional American society turned for cultural assistance. This anti-immigrant bias among educators was often couched in intellectual, social Darwinist language. Thus, Professor Howerth of the University of Chicago (in McMurry, 1899, pp. 75-76) argued in the influential Yearbook of the National Herbart Society (later the Yearbook of the National Society for the Study of Education), under a sub-heading entitled "Socialization the chief aim of education" that:

> So long as certain classes or certain individuals refuse to recognize their natural relations to society, that is, are unsocialized, so long will they retard the advance of society toward its ultimate goal. The great problem of the age is how to get rid of our unsocial classes. Obviously, the only way to get rid of them is to socialize them. And this may be done by education and this should be, we contend, its main object.

This sort of attitude regarding those "certain classes" was common among traditional American stock, particularly those of the upper-class Protestant elite. This group possessed the social, political and economic power to make their views felt. Cohen (1964), in discussing the considerable impact of the Public Education Association (PEA) upon the development of compulsory education in New York City at the turn of the century, observed that "Its officers and trustees constituted a patriciate of wealthy Protestant families of old American ancestry (pp. 24-25)." Concerning the PEA's first president, he further noted that "her forebears helped settle New England" and "Like other young ladies of her privileged station, Miss Griswold was educated by private tutors at home and by travel abroad (p. 46)."

Summarizing the national trend toward compulsory education in this period, H. Perkinson (1968, p. 70) observed:

> Only after the Civil War, when the rise of the cities created fears for the stability of society, do we find any widespread effort to secure effective compulsory education laws. Four years after the passage of the 1874 compulsory education law in New York the state superintendent reported that the law was effectively enforced in only New York City and Brooklyn. The same urban character of compulsory education is evident in the first law of Maryland, which applied only to Baltimore and populous Allegheny County. In Missouri school attendance was made compulsory from eight to fourteen only in cities with a population over 500,000. The city child, especially the child of the newcomers, had generated both compassion and fear. He was unkempt, uncared for, and untutored. He was in need of help. But he was also a threat . . . Partly from fear and partly from compassion, thirty-one states enacted some form of compulsory education by law by 1900.

The original motives for establishing special classes within the public schools may not have come solely out of concern for "law and order." Nor is it argued that, in many instances, such children should not have been separated from the rest of the school children, whom they frequently distracted or terrorized. Conditions in the immigrant tenement world were often harsh and brutalizing, and it is not surprising that some children growing up in such an environment would become genuine threats to the community. Nevertheless, the evidence is clear that in general, 1) the huge influx of foreign-speaking immigrants with their children provoked a societal effort to maintain stability, which was a primary factor in the enactment and enforcement of compulsory school attendance laws; 2) these laws, in turn, led to the almost immediate establishment of special classes to cope with the children that the regular classes could not handle.

Possibly the earliest effort in the public schools regarding deviant children was the creation in New Haven in 1871 of an "Ungraded School" for mischievous and disruptive children. Similar arrangements were begun in New York in 1874 and Cleveland in 1875. The New Haven Superintendent of Schools in 1879, as cited by the Connecticut Special Education Association (1936, p. 22) noted that:

> The Ungraded Schools are an indispensable appendage to our graded system. They provide for a class of children, who, for any cause, must necessarily be irregular in their attendance, beyond certain limits. Unreasonably disobedient and insubordinate youths who are a detriment to the good order and instruction of the school, are sep-

> arated from it and placed here where they can be controlled and taught, without disturbing others. Truants, also, are placed in these schools for special discipline.
>
> The grade schools, relieved of these three classes, great burdens to the teachers, move on with greater ease and rapidity, while both pupils and teachers perform their duties with pleasure, satisfaction, and profit that would be impossible in the presence of disturbers of good order.

While classes for socially maladjusted children grew rapidly in the last quarter of the nineteenth century, the first public school program specifically for the mentally retarded did not come into being until 1896, when Providence, Rhode Island, opened a class for "backward" children, an offshot of a "school for discipline and instruction." Within a few years, Springfield, Massachusetts (1897), Chicago (1898), Boston (1899), New York City (1900), and other major cities followed suit with separate classes for slow-learning or retarded children. Some school systems followed the New Haven pattern, where itinerant teachers were provided to tutor "backward" children until, by 1914, there were enough teachers to establish a special class for these children in each school building. During this period, too, special remedial classes for non-English-speaking children were set up by the schools to cope with the large influx of immigrant children; these were often known as "steamer" classes.

It is important to recall just how strongly the immigrant population affected public schools in the period from about 1890 to the start of World War I, when immigration to the United States was virtually cut off. In 1909, when the U. S. Immigration Commission made its massive study, 57.8 per cent of children in the schools of the 37 largest American cities were of foreign-born parentage. In New York, the figure was 71.5 per cent, in Chicago, 67.3 per cent, in Boston, 63.5 per cent. As late as 1917, immigrant children constituted 70 per cent of public school enrollment in New York City (Cremin, 1961). Such children posed severe administrative problems to the schools, and as a result, special educational facilities were a hodgepodge bin for nearly every sort of variant child that could not be handled within the regular classes. H. A. Miller (1916, p. 74), writing of this situation in the Cleveland schools, commented:

> At the present time such cases are often handled in a most unsatisfactory manner. The non-English speaking child cannot keep up with his companions in the regular grades. For this reason he is sent to a special class, but if there is not a steamer class available, the pupil is all too frequently assigned to the backward class. This is not because the backward class is the right place for him, but rather because it furnished an easy means of disposing of a pupil, who, through no fault of his own, is an unsatisfactory member of a regular grade.

In the same report, the author cited an earlier survey conducted for the Cleveland schools which found that mentally retarded children were being assigned to foreign-speaking classes and that normal foreign children were being placed in classes for the mentally deficient; this unfortunate development was attributed largely to inadequate diagnostic acuity and poor administration. Earlier, in 1902, the Supervisor of Primary Schools in New Haven, as quoted by the Connecticut Special Education Association (1936, p. 23), noted that their ungraded classes were receiving three distinct groups of children who were being lumped together in the special classes: "incorrigible boys, defective children, and children who speak no English."

The Impact of Darwinist Thought

During this period, the societal and professional attitudes toward the education of the mentally or socially variant child were greatly influenced by Darwinist theory. As described earlier, such conceptualizations began to play a larger and larger role in social theory in the United States. This orientation, while not universally shared, was nevertheless the dominant mode of thought among the American intelligentsia and main culture-bearers, including educators.

The leading social philosopher of the English-speaking world at this time was Herbert Spencer, British, whose influence during the period from about 1870 to 1890 was without equal. R. Hofstadter

(1959) noted that "Spencer's philosophy gave Spencer a public influence that transcended Darwin's (p. 31)," and "in the three decades after the Civil War it was impossible to be active in any field of intellectual work without mastering Spencer (p. 33)." Deriving his theories from Darwin's biological formulations, Spencer developed a philosophy of social selection which argued that only the most fit of the human species should be allowed to survive, so that mankind as a whole might advance; the weaker members of humanity, through their innate inferiority, detracted from the progress of the race and hence posed a threat to the future of mankind. As a result, Spencer deplored not only poor laws but also public health and public educational facilities, since these institutions sustained many of the individuals seen as innately inferior. Eventually, it was believed, nature would weed out through natural selection all such undesirables, and there would be no further social problems.

The major spokesman for Social Darwinist thought in the United States was William Graham Sumner of Yale. Synthesizing evolutionary theory with traditional Protestant Ethic values, Sumner argued that social, as well as biological, inequality was an inescapable law of nature, and without it, the law of survival could have no meaning. The rich were that way because of their superior natural acumen and intelligence, the poor and infirm simply those members of the species who had lost out in the evolutionary race due to their innate deficiencies. To attempt to legislate aid for such persons was deemed ridiculous as well as grossly unscientific. What *was* logical and sensible, by Social Darwinist thought, was eugenics.

The impact of these views upon popular and professional opinion concerning the mentally retarded or behaviorally deviant child was considerable. The general mood toward such persons became one of repugnance and alarm rather than sympathy or benevolence, and this attitude was carried into the field of education. Thus, in a report to the New York City Commission on School Inquiry, Paul Hanus, a well-known professor of education at Harvard, and editor at World Book Company's new "School Efficiency Series," warned that the two most serious and urgent problems facing the public schools in New York were those posed by the "persistently unruly child (p. 18)" and the mental defective. Hanus (1913, pp. 20-21) stated:

> The magnitude and seriousness of the problem for caring for mentally defective children will be appreciated when the city realizes that the number of such children in the public schools is not less than 15,000, while there are only about 2,000 in present ungraded classes; that the presence of such children in classes for normal children seriously handicaps both teachers and pupils; that the means of discovering defective children and segregating them and caring for them, so far as they are segregated, are at present inadequate and defective; and finally, that the danger of allowing such children to grow up at large is a very grave one. Such persons not only become a burden to society themselves, but propagate their kind in large numbers by marriage or illegitimate unions with each other or normal individuals . . . *whatever it costs,* the city cannot safely perpetuate the inadequate measures of discovering and caring for its mentally defective children, and run the further risk of allowing the present progressive increase of mental defectives to continue unchecked.

This sort of attitude toward the retarded was in large measure disseminated and encouraged by the writing of Henry H. Goddard, one of the major figures in special education in the first two decades of the twentieth century. It was Goddard who, in 1908, as Director of Research at the Training School in Vineland, New Jersey, translated into English the Binet intelligence scales and made the first adaptations for their use with children in the United States. Establishing, too, the first psychological laboratory for the study of the mentally retarded, Goddard today is generally revered as a heroic figure of this period. The *Journal of Special Education* (Fall, 1971), for instance, wrote of him, "His talent, in its manifold expressions helped direct special education into the channels of its twentieth-century growth (p. 210)." Without disparaging any of his achievements, it may prove useful in our understanding of the development of special education during this era to briefly review his philosophy toward the mentally or socially deviant child.

According to E. E. Doll (1967), Goddard's first major work, *The Kallikak Family* (1912), triggered a "wave of eugenic alarm." His depiction of the Kallikak family portrayed the "feebleminded" as a menace to society and to the future of the human race. It was from the genetic stock of the mentally deficient that criminals, paupers, drunkards, and other social undesirables arose, contended Goddard; if allowed to breed unchecked, they would produce even more of their kind. In 1916, in *Feeblemindedness*, he advanced the argument that social problems in America and other modern societies were the result of individuals who, because of their innate mental deficiencies, could not cope with the complexities of contemporary life; he therefore recommended the mandatory sterilization of such persons. It is interesting to note the Puritan ethic in Goddard's thinking; he considered prostitution and intemperance as among the greatest dangers facing society. And, finally, as late as 1921, he argued for the extreme Darwinist view of mental retardation and behavioral deviance when he wrote in his book, *Juvenile Delinquency* (p. IV):

> There are two million people in the United States who, because of their weak minds or their diseased minds, are making our country a dangerous place to live in. The two million is increasing both by heredity and by training. We are breeding defectives. We are making criminals.

In a separate chapter entitled "The School's Opportunity to Prevent Delinquency," Goddard cited statistics which showed that thirteen per cent did not get above the fourth grade, another thirteen per cent did not get above the fifth grade, etc. He went on to argue that the reason for the attrition was that "each group has reached the limit of its intelligence (p. 116)." The children viewed by the school as socially maladjusted, Goddard explained, suffered from innate mental deficiencies and "primitive instincts" like sexuality or aggressiveness, which led them to their anti-social activities. If necessary, he contended, such youths should be placed in permanent state custody and be prevented from breeding.

Goddard's writings were extremely influential at the time, and widely accepted by both professionals and the lay public. Cohen (1964), for instance, reported that his positions had important impact upon the aforementioned Public Education Association (PEA) of New York City, a powerful lobby of corporate and cultural elite. The retarded and the socially maladjusted were viewed at best as poor unfortunates who, through no fault of their own, were a menace to society and to the betterment of the human race; their inferior hereditary make-up could not be overcome, and unless checked, they would pass on their bad genes to unborn generations. At worst, the attitude at this time was one of hysteria and fear, and the establishment of special school classes or institutional structures for these children must be seen against this attitudinal backdrop.

But individuals with other motives also contributed to the involvement of public schools with such children in the period preceding the first World War. Elizabeth Farrell, for instance, an active social reformer during the immigrant era, and the first president of what is now the Council for Exceptional Children, helped establish in New York City the first classes for the mentally retarded (1900), the first school nurse program (1902), and the first psycho-educational clinic (1909). Her colleague, Julia Richman of the activist Educational Alliance, established a Teacher's House in New York City, whose residents pressed for special classes to aid mentally and physically handicapped children. There were many individuals who, like Dr. Howe in the nineteenth century, labored long and energetically out of humanitarian impulses, for the retarded and disturbed child. But from the material presented in this section, it is clear that those impulses alone cannot explain the sudden rise of public school involvement with these children. The general professional and societal attitude toward mental retardation and social deviance was scarcely one of altruism or sympathy. It is not likely that special classes in the public schools would have developed as they did, were it not for the perceived need to enact and enforce compulsory school attendance laws; these laws were enacted to stabilize society and to maintain the existing patterns of American society against the immigrant deluge. With these considerations in mind, we will examine the period following World War I to approximately the end of the second World War.

IV. THE GROWTH OF PUBLIC SCHOOL INVOLVEMENT CA. 1915-1946

The period from the beginning of World War I to the end of World War II was one which saw increasing public school involvement with children viewed as mentally or socially deviant. There were no dramatic breakthroughs in educational technique with such children, nor any sudden changes in educational attitude or philosophy. Rather, as will be described in this section, there was a gradual but steady growth of social services (or what critics have seen as an increased bureaucratization of the schools), and a gradual growth, too, of involvement at the state level in administration and funding of local school efforts.

One of the most significant developments during this period was the rise of standardized testing, including intelligence testing. This movement had considerable impact on education in the United States, especially special education. It is to the history of the testing movement and its related offshoot, school psychology, that we first turn in examining developments during this era.

The Early Testing Movement and School Psychology

The first modern intelligence tests were constructed by Binet and Simon in France at the turn of the century. Their purpose was to differentiate higher-grade mentally retarded children from average pupils, and to assist in the organization of special classes within the French public schools; Binet, in formulating his tests, rejected the earlier contributions of special educators such as Seguin as being unscientific and non-rigorous. It was Henry Goddard who in 1908 first translated the Binet Scale and made adaptations for use with American children. In 1911 he published his own version of the scale.

During the period prior to World War I, there were a few instances of public schools making use of psychologically-designed assessment measures. As early as 1899 in Chicago, a Department of Child Study and Pedagogic Investigation was established, providing for a laboratory which made individual studies of handicapped children and utilized mental growth norms and a battery of crude, unstandardized tests. In 1907 a Child Study Department was set up in Rochester, New York, making use of individualized tests. In 1911 in Cincinnati, a public school psychological laboratory administering a variety of assessment measures was created. In 1912 the School of Education at the University of Pittsburgh established a similar program for diagnosing "mental deviates" in the surrounding school communities, and was also engaged in psychological and educational examination of individual children and their families.

It was in 1914 that the St. Louis public school system adapted definite eligibility standards to "Special Schools for Individual Instruction" (for the seriously mentally retarded) and to ungraded classes (for the borderline and "backward" cases). These standards, based on Binet mental-age scores, became state-wide Missouri standards in 1919, and were subsequently adopted by many states. According to J. E. Wallin (1958), "St. Louis was the first city and Missouri the first state in the union to consciously and deliberately admit low ability children to public school classes on the basis of definitely formulated standards (p. 176)." Schleier (1931) claimed that New Jersey in 1911 was the first state to pass legislation concerning the education of mentally retarded children in the public schools (which) defined mental retardation as "three or more years retarded in mental development"). Regardless of the precise dates, it seems clear that prior to World War I there were examples of the utilization of measurement and assessment standards by the public schools, particularly regarding exceptional children. What did occur during World War I and immediately afterward was the sudden burgeoning of the testing movement, and the use of such tests on a mass scale.

The reason for this does not appear to lie in any overnight increase in altruistic motives or moral concern about better meeting the educational needs of handicapped children, but rather in the military needs of the U. S. Army to produce as quickly and reliably as possible an efficient fighting force from its newly-created body of conscripts. In 1916, Dr. Lewis Terman devised the Stanford Revision of the Binet-Simon Intelligence Scale. It became the most widely used test in the field for many years. In 1916-1917, Dr. Arthur Otis, also of Stanford, experimented with group testing; his materials, under an American Psychological Association committee of psychologists who offered their services to the Army, led to the devising of the Army Alpha and Beta Intelligence Tests, as well as other group assessment measures. By 1918, when the National Society for the Study of Education published its yearbook on *The Measurement of Educational Products,* over one hundred standardized tests were described, and these represented merely the best of those available. The war period had also provided the testing-psychologists, with large numbers of research subjects of varying ability levels, namely, draftees. As L. A. Cremin (1961) commented, " All this feverish activity . . . would undoubtedly have remained a professional phenomenon had it not been for the historical intervention of World War I (p. 187)."

Spurred by these developments, in 1920 the National Research Council produced the National Intelligence Tests, and L. M. Terman published the Terman Group Test of Mental Abilities. These measures, along with the Stanford revision of the Binet, represented a further refinement of standardized testing and, as P. M. Symonds (1942) noted, "It was for the purpose of administering these tests that psychologists were first imported into the school (p. 173)." Growth in this field was steady though not marked. In 1915, the Connecticut State Board of Education hired the first official school psychologist, Arnold Gesell, to make examinations of slow-learning children and to devise better methods for their school instruction; but it was not until 1935 that New York became the first state to certify school psychologists.

It was during this period that the school psychologist took on the functions that have characterized his position ever since; these duties have largely consisted of conducting evaluations on individual children in conjunction with "special services," particularly with regard to the placement of children viewed as "backward" or mentally retarded. D. N. Bersoff (1971) has noted that even at present, the estimated fifteen per cent of the school population that is "exceptional" (e.g., mentally retarded, emotionally disturbed, brain-injured) is the primary student population with which the school psychologist deals and represents the bulk of his professional focus. In contrast to the school psychiatrist, whose concerns have centered about the child's emotional and social functioning, the school psychologist's position, from its inception, has been mainly geared to the standardized measurement of the child's intellectual capacities and abilities, and the offering of recommendations of an educational, rather than psycho-therapeutic nature. In discussing the historical development of the school psychologist's role, Silberberg and Silberberg (1971, pp. 22-23) observed:

> The position of school psychologists started as a bargain for the school districts. In earlier days, the position was often filled by teachers who had taken a testing course. The work was, and often still is, piece work.
>
> However, as such things tend to go, school psychologists began developing some professionalism. Programs were developed in universities to augment the testing course with theoretical and practical background. Clinical psychologists, many without the Ph.D., found the schools a better source of employment than the university where the doctorate was often a prerequisite, or the physician-dominated clinics. Eventually, Ph.D.'s and specialists moved into the schools, leading to an even higher level of professionalism.
>
> Thus, psychologists became familiar figures in the schools, but they were still far from entrenched. Neither fish nor fowl, they were often on the teacher's pay schedules but did not identify with them and, although they had the highest academic credentials in the schools, they were usually below school principals on organizational charts.

Guidance and Counseling

During the period from approximately 1915 to 1945, there arose in public school systems, particularly in urban centers, other units which similarly have been categorized under the general heading of "pupil personnel" services. As with school psychology, the focus here will be on the relationship of such units to children viewed as mentally or socially deficient.

Though major developments in this sphere did not take place until the 1930's (Glennen, 1966), earliest efforts were begun by Frank Parsons, often referred to as "the father of the guidance movement (p. 22)." It was Parsons who, in 1908, established a Vocation Bureau at the Civic House in Boston to provide job and career information for the underprivileged in the neighborhood. Although he died only a few months later, his ideas on the importance of vocational guidance for youth had great impact, and the Vocation Bureau which he founded was instrumental in the establishment in 1914 of the first professional organization related to guidance, the National Vocational Guidance Association.

The period from about 1908 to 1920 in which the guidance movement began was one characterized by a highly potent drive to make the schools more "efficient," more related to "practical" daily life. Financial giants such John D. Rockefeller and Andrew Carnegie were prime figures in this drive to eliminate "impractical" subjects from curriculum, and to institute more of a business orientation in American education. Callahan (1962) has suggested that the establishment of vocational and related guidance programs received a major impetus from this movement. He commented (pp. 180-181):

> The men who were leaders in education and administration in the period from [illegible] to 1918 represented a new type of school administrator . . . They not only manifested a great interest and admiration for businessmen and industrialists, but they resembled these men in their behavior. They were active in introducing and using business and industrial procedures and terminology in education . . . And they in turn as leaders played a leading role in shaping the new "profession" of educational administration, and, through it, the American schools.

Another reason for the creation of such programs, aside from the wider impact of the corporations upon social institutions such as the schools, was related to the immigrant population. Several urban school reports, such as that directed by Paul Hanus, had found that student failure was clearly related to ethnic and class identification. A prevalent view came to be that such children were culturally unable to profit from traditional public school education, and that vocational rather than academic subjects were most appropriate.

In the 1920's, the new standardized intelligence and achievement tests began to be utilized quite heavily by the guidance counselor as well as by the school psychologist. These instruments were thought to hold much promise in achieving the goal of determining which children were most suited for academic curriculum and which children should be placed in vocationally-oriented programs or tracks. Thus, Lewis Terman, creator of the extensively used Stanford-Binet scale and one of the leaders in the educational testing and measurement movement, argued for the "tracking" function of his and other intelligence tests in school guidance. Terman (1923, p. 74) wrote:

> The present writer would urge the widespread trial of the multiple-track plan, adapted according to size of city and, according to other circumstances . . . At present vocational guidance is too largely an end process, an afterthought. To be of most value it should be preceded by years of educational guidance.

What was to be the basis for this more rigorous, systematic school guidance envisioned by Terman? What would be its goals? He went on to explain (pp. 75-76):

> At every step in the child's progress the school should take account of his vocational possibilities. Preliminary investigations indicate that an IQ below 70 rarely permits anything better than unskilled labor, that range from 70 to 80 is preeminently that of semi-skilled labor, from 80 to 100 is that of the skilled or ordinary clerical labor, from 100 to 110 or 115 that of the semi-professional pursuits, and that above all these are the grades of intelligence which permit one to enter the professions or the larger fields of business. *Intelligence tests can tell us whether a child's native brightness corresponds more nearly to the median of (1) the professional classes, (2) those in the semi-professional pursuits, (3) ordinary skilled workers, (4) semi-skilled workers, or (5) skilled laborers. This information will be of great value in planning the education of a particular child and also in the differentiated curriculum here recommended* [emphasis added].

Partly as a result of the influence of leaders such as Terman, a reliance on various standardized aptitude and achievement scales became characteristic of the school guidance counselor. The conception of this role was largely that of a job or career advisor rather than that of a psychotherapist, and as C. Miller (1961) stated, "The beginnings of guidance are indistinguishable from the beginnings of vocational guidance (p. 150)." Indeed, it was not until the work of Carl Rogers in the 1940's that the diagnostic approach in guidance and counseling began to lose dominance in the field, for the non-directive and clinical techniques of Rogers and his associates placed relatively little emphasis on diagnosis or testing.

Krug (1969), in his study of the development of the American high school, noted that vocational or industrial training was seen by many educators at this time as not only the solution to the problem of educating academically-slow students, but also as:

> particularly appropriate for certain social and economic classes of society. Here, it seemed, was the answer to education for the "masses." In part, this was a twentieth-century extension of Horace Mann's ideals of social uplift through education, calculated to improve the economic conditions of the poor. It also reflected the feeling, however, that it was necessary to find some kind of education the masses would appreciate and understand (p. 228).

In a similar vein, Cohen (1964, p. 74), in tracing the history of the school guidance movement, commented that:

> The study of the movement, at least in New York City, leads to the unescapable conclusion that the progressives' school reform program in the pre-World War I decade was coming increasingly to be influenced by a hardening judgment as to the intrinsic mental capacity of the school's population. A widely-shared scepticism about the capacity of the immigrant child to benefit from "book learning" is a melancholy strain in the vocational education movement. The zeal with which progressives pursued vocational education into the lowest grades of the elementary school can scarcely be understood if this factor is overlooked.

In the 1930's new developments took place regarding children viewed as emotionally disturbed or socially maladjusted. These developments reflected the increasing role of the public school as a socialization agent, as well as the influence of Freudian theory and the mental hygiene movement led by Beers. Depending on one's own values, this period may thus be seen as one in which schools began to offer more services for socially deviant children, or conversely, one in which an increasing bureaucratization and a further narrowing of the definition of childhood "normality" occurred.

An important trend-setting event was the establishment of the New York City Bureau of Child Guidance in 1932. Under the Board of Education, it consisted of school psychologists, school social workers and consulting psychiatrists whose goal was to meet the emotional and psychological needs of school children. It was in that year, too, in New York City, that the term "probationary school" was dropped and replaced by the title "adjustment school" or "vocational adjustment school." Also, in 1932, the Superintendent to the Board of Education, regarding the newly-formed Bureau, made several recommendations. These included, as quoted by P. H. Berkowitz and E. D. Rothman (1967, p. 16) the following:

> More visiting teachers, trained in psychiatric social work, should be appointed to bring about a closer working relationship between the school and the home, for the benefit of the child.
>
> A wider program of parental education should be adopted, through the organization of teacher-parent associations in all schools of the city.
>
> The active cooperation of existing social agencies in New York should be enlisted by principals in the service of our schools.

> A program for the promotion of "teacher health" should be introduced in all schools. Important studies have been made showing conclusively that a high degree of correlation exists between teacher health and teacher attitudes on the one hand, and children's mental health and behavior on the other.

The planning and development of a multi-agency approach to the problems of emotional disturbance or social maladjustment in school children can be seen as a general movement during this period. The school system of Passaic, New Jersey, is an illustrative example of trends of the time in middle-sized urban systems. In 1937, the Mayor of Passaic authorized the creation of a Children's Bureau to be placed under the direction of the city's Board of Education to deal more humanely and effectively with the problems posed by delinquency-prone and socially defiant youths in the schools. In most instances, youths were referred to the Bureau by police officials. The Children's Bureau employed both regular and consulting school guidance personnel and a special detail of plain-clothes policemen to help enforce school attendance. The purpose of this agency was to bring to bear a wide range of clinical and educational forces mediated through the schools in order to rehabilitate or resocialize the maladjusted child; local police and the juvenile court system, together with consulting psychiatrists and physicians with their special facilities, were to be brought into close contact with the schools and with their apparatus of attendance and guidance personnel in dealing with problem children.

This model crystallized in many urban school settings in the 1930's and 1940's and is still with us today. It provides an interesting example of a new significant development — the school's joining forces with other societal institutions (in the above case, the legal-correctional and mental health systems) in its involvement with children considered mentally or socially deviant. W. C. Kvaraceus (1945, p. 3), in describing the establishment of the Passaic Children's Bureau, explicitly noted this trend when he wrote, "The methods used by schools to cope with behavior problems and other types of maladjustment within the school system, and the methods used by protective agencies in the community, have come to resemble each other more and more."

Continued Growth of Special Classes

In the years following World War I, until about 1930, the growth of separate facilities within public school systems for deviant children was rapid and sustained; for the mentally retarded, in the period from 1922 to 1932, enrollment in special school structures more than tripled. By 1930, according to a survey conducted by Schleier (1931), sixteen states had passed legislation relating to education of the mentally handicapped, either in or directly under the public schools; by 1932 thirteen states had established a state division or bureau in charge of administering special education services. Seventeen states had made at least some provisions for funding local programs through a variety of means. These included appropriating a general sum to the district, or reimbursing the local district for a certain percentage of its special education expenditures. However, a widespread disparity existed between groups of exceptional children which were to receive state attention, a condition which still exists today. For instance, some states authorized separate educational facilities for the blind though not for the deaf, and vice versa. Schleier (pp. 13-14) also observed:

> It seems that when one state passes a law there is a tendency for this law to become a model for other states. New Jersey, in 1911, was the first state to pass a law concerning the education of mentally-handicapped children in the public schools. This law contains the clause "three or more years retarded in mental development." Yet, in spite of the fact that the great defect in this law has been pointed out by Wallin and others, it still serves as a model upon which to frame laws for other states. In 1927, the legislature of Alabama passed a law for the education of mentally-handicapped children in the public schools. It contains the same clause.

According to a study published in 1933 cited by Heck (1936), about 75 per cent of the nation's high schools had some form of special assistance for exceptional children, with the largest percentage of such remediation going to children who had failed in the regular classes. It was noted that most of these special programs existed in the larger schools, and that the smaller, perhaps more rural high schools seldom provided them. Another study cited indicated that, in general, public schools were more likely to provide separate facilities for mentally retarded children than for any other exceptional group, particularly in the northeast and north-central states. In a report cited by Heck (1940) published in 1929, it was found that special classes for the socially maladjusted frequently went under the name of "disciplinary classes" though these were unknown in all but a third of the states. Where they did exist (mainly in large urban systems), Heck observed, they tended to employ a strong-arm rather than an educational or rehabilitative approach, and teachers were selected for such classes on the basis of their reputations as tough disciplinarians.

As with procedures today, the IQ score was the chief measure by which children were assigned to special classes. After reporting that "Those with intelligence quotients in the region of 70 will usually be found to be definitely subnormal (p. 212)," Reavis *et al.* (1931), in a normative description of elementary school education at the time, noted:

> In some of the large cities special classes and even special schools for groups of truants and "so-called" incorrigibles are often called disciplinary classes . . . Usually more boys than girls are found in need of placement in special disciplinary groups because of truancy and incorrigibility or misbehavior.

In advice that proves both ironic and revealing, they went on to caution that (p. 213):

> the principal must be extremely careful in the selection of pupils for the special disciplinary classes. He will often find it difficult to distinguish between a pupil who is a fit subject for a disciplinary class and one who is retarded mentally.

In the years between 1930 and the end of World War II, the trend toward increased segregation of the mentally or socially deviant child began to wane, and in some cases was even reversed. For instance, Cutts (1944) noted at the time that "there has been marked development away from the single special class where children with wide ranges in ages and in degrees of retardation are placed (p. 264)." Cruickshank and Johnson (1958), who also observed this trend, attributed the change to three main factors: 1) the Depression, which brought economic pressure on the schools to reduce their more expensive special programs; 2) the widespread dissatisfaction with the quality of education in these classes; and 3) the impact of Dewey-ist thought, which argued that good progressive teaching was basically all that was needed to help any child learn. The influence of economic concerns on the schools' involvement with problem children must not be underemphasized; Kirk and Kolstoe (1953) explicitly noted, for example, that in the war years of the 1940's, the sudden societal interest in better education and training of the mentally retarded ". . . seems to have been stimulated, at least in part, by the shortage of manpower in industry and the consequent use of the handicapped (including the mentally retarded) in many jobs (p. 400)."

Teacher Training

Growth of teacher training programs in special education has, for obvious reasons, tended to reflect the fluctuating growth-rate of school classes and programs for deviant or exceptional children. Thus, in the years prior to 1920, the number of teachers specially trained to work with the mentally or socially handicapped was quite small. Most facilities for such children were residential, and staffs were trained on the premises. Furthermore, the technology had not yet developed for accurately assessing individual differences, and special education was not included in teacher colleges' curricula.

The first teacher training program in special education was set up in 1914 by Charles Scott Berry at a residential school for the mentally retarded in Michigan. Shortly thereafter, the first full-time college program was organized at what is now Eastern Michigan University. Growth in this field, however, was slow, and by 1932 only eleven states had separate teacher requirements for special education. These ranged from fifteen semester hours to one year of specialized training; five states demanded, in addition, from one to three years prior teaching experience in the regular grades.

During this period there developed widely disparate criteria among the states for licensing special teachers, a condition which still exists; the required amount and nature of coursework, field work and previous teaching experience have varied a great deal from state to state. Development of programs at the college or university level was not too rapid during this time, and as late as 1949 only seventy-seven institutions of higher learning had even the barest training programs; most significant developments in teacher training in special education, reflecting the wider surge of societal interest in education of the handicapped or exceptional child, took place in the post-World War II era, and it is to that period that we now turn

V. THE POST-WORLD WAR II ERA

It has been in the period from approximately the end of World War II to the present that public schools in the United States have dramatically increased their degree of involvement with children viewed as mentally retarded, emotionally disturbed or socially maladjusted, and most recently, as possessing learning disabilities. In these years the field has witnessed the continued increased support and funding of special educational programs at the local and state level, and beginning in the 1960's the first major effort of the federal government. Another significant development during this period has been the rise of parent-interest groups, who have been influential in bringing about public changes in attitude toward these children, as well as legislative mandates for better education of the mentally or socially handicapped child. It is largely these trends which we will examine in this section.

In the years immediately following the end of World War II, the growth of special educational facilities in the schools was quite marked. From 1948 to 1952 to 1958, the number of mentally-retarded children, for example, enrolled in special public school programs increased from approximately 87,000 to 113,000 to over 213,000, more than doubling in a decade. Mackie and Robbins (1960) observed that the total number of school systems with separate enrollment in special programs increased from about 1,500 in 1948 to nearly 3,700 in 1958, although it was noted that: "The growth of special education has not been at the same rate for all types of exceptional children. The reasons for this uneven development are undoubtedly complex (p. 14)." By 1959, too, one hundred and twenty-two colleges and universities were offering sequences for training special teachers; and huge increase in special class enrollments following the war had led to a teacher shortage in this field as early as 1953.

During this decade, one of the groups of exceptional children that began to receive the widest attention by the public schools was the retarded child whose level of functioning had previously been considered too low to be worthy of education. Dunn and Capobianco (1959) reported, "Since 1953, the growth of special day classes for the trainable retardate has been remarkable (p. 456)," and from 1953 to 1958 there was a 260 per cent increase in enrollments, a larger increase than for any other area of exceptionality. Dunn (1963) attributed this development mainly to the rise of parent-interest groups, specifically to the National Association for Retarded Children (NARC).

By 1956, all forty-eight states of the Union had established legal provisions for some sort of state assistance, advisory and or financial, to local special education programs. In forty-six states such assistance included some form of reimbursement to local districts for their special education expenditures. The degree of involvement, of course, varied widely from state to state, and while all the states at this time had provisions for education of the physically handicapped and forty-six for the educable retardate, only nineteen had any legislation dealing with the trainable retardate and only fifteen possessed any legislative provisions for the socially-emotionally handicapped.

In general, in viewing developments from this period up to the present, it appears that different groups of children viewed as exceptional have received varying kinds and amounts of attention by the public schools. While increasing emphasis was manifested in the early 1950's and during the Kennedy years of the 1960's for improved education and training of the retarded child, relatively little has been done for the child with moderate to severe social-emotional disabilities. Mackie and Dunn (1954) noted that the child in this latter category, unlike the retarded child, has tended to receive service mainly through the guidance and counseling agencies (of the sort described in Section III of this paper), which by their nature involve only part-time or consulting work with the individual child. While by 1953 forty colleges and universities were offering preparation in teaching the mentally retarded, only ten reported sequences of preparation specifically for teachers of children with serious social and emotional problems.

As late as 1965, the Subcommittee on Special Education of the Senate Education Committee of Michigan found that "Education programs [illegible] emotionally disturbed are most everywhere in this state in an embryonic stage (p. VI-C-3)." and noted that until the year 1965 the city of Detroit, with the largest school system in the state, had no special programs for the emotionally disturbed. The Subcommittee stated, however, that Michigan was probably nevertheless among the vanguard of the states regarding education of these children, and quoted Professor William C. Morse of the University of Michigan, who observed, ". . . badly off as we are, we are the leader (cited, pp. VI-C2)." Morse pointed out, for instance, that Michigan had more students in training for educating the emotionally disturbed than almost the rest of the country combined.

Although in 1946 the Division of Child Welfare in New York City organized special settings, known as "600 schools" for children viewed as emotionally disturbed or socially maladjusted, this program, like others in many deteriorating urban environments, has not worked very well. Kahn (1962) has noted that despite official statements as to the therapeutic intent of these institutions, in actual practice they have functioned as warehouses for uncontrollable boys, and have been largely custodial in nature. In 1958, reforms were undertaken to improve facilities and curriculum, and in 1965, the stigmatic "600" appellation was dropped, but their student population remains almost wholly ghetto youth, and chronic teacher vacancies and a high staff turnover rate continue to suggest the extreme negative valuation of the educational conditions in these institutions. The pattern has been similar in other large urban school systems, with special classes or schools for emotionally disturbed or socially maladjusted children without reliance on a variety of strong-arm or hard-line techniques.

In some instances, due to increasing vandalism and physical assaults upon teachers and pupils in such schools, there has been a growing reliance on police protection and patrol of school grounds and interiors. In a discussion of urban public school facilities for youths classified as emotionally disturbed or socially maladjusted, Mackler (in Rubenstein, 1970, p. 148) reported that the "600" schools are

> ethnically segregated, inconveniently located, undersupported, organizationally unstable, and altogether unable to meet the needs of their student bodies. Even the best provide little more than custodial care and some institutions are far worse than that.

Noting the extreme over-representation of minority group youth in such programs, Mackler (p. 149) went on to suggest that

> because the definition of a "disturbed child" is so subjective and affected by social attitudes, the greatest segregation and variation in treatment occur in special schools to aid such children. White students are likely to be defined as troubled and placed in treatment schools, while minority group children are likely to be defined as troublesome and placed in a custodial situation. Statistical data substantiate this point. The New York City schools for the deaf, for example, are fully integrated, while *all* schools (day and residential) for disturbed children are segregated. For emotionally disturbed youngsters, placement and hence treatment are determined not only by personal problems but by minority status.

Furthermore, in examining trends since World War II, just as not all groups of exceptional children have received equal educational attention from the public schools, the national pattern as a whole has not been uniform. Cruickshank (1951) reported that despite an increasing societal sympathy for the handicapped child and a resulting demand for additional special school services and personnel, "The problem of the exceptional child in the rural areas has been, and largely remains, unsolved in 1951 (p. 245)." Conditions in this regard do not seem to have changed to this day; many rural school districts, for instance, still place all their mentally or socially deviant children into one catch-all classroom. It may be said, in general, that the greatest progress toward individualized, quality education of such children has tended to be achieved in those school systems which have been the most financially stable.

An extremely important development during this period has been the rise of parent-interest groups as an influential force. Kirk (1962), Dunn (1963), Cruickshank and Johnson (1958) and others have explicitly related the increase in public concern and concomitant local, state and federal involvements with such children to the efforts of these organizations.

One of the most influential of such groups has been the National Association for Retarded Children (NARC), which was first organized in 1950 in Minneapolis. Almost immediately, many small, isolated parent groups across the country began to associate themselves with NARC, and by 1954 a national office with a full-time staff was established in New York City. By 1960, a decade after its inception, 750 local associations were in existence and by 1971, the number had risen to approximately 1,500, comprising 200,000 individuals. Currently based in Arlington, Texas, it is considered the primary source of help to families with retarded children, as well as a major information-disseminating and a legislative-lobbying force.

Until the early 1950's, nearly all schools had laws excluding children with I.Q.'s below the "educable" range, and parents of such children were expected to either educate them themselves or place them in residential facilities. Therefore, one of the foremost aims of groups such as NARC was to foster public school programs for these children. By organizing as an effective lobbying body with financial and legal clout, they succeeded in helping to bring about the massive increase in school services for children previously considered "unteachable."

As recently as 1971, parent-interest groups for the mentally retarded have been instrumental in spurring public action for more adequate education of retarded children. As *The Exceptional Parent* (Dec. 1971-Jan. 1972) described the case, a suit was filed by the Pennsylvania Association for Retarded Children, alleging violations of due process and equal protection under the Fourteenth Amendment of the United States Constitution, regarding the barring of very low I.Q. children from the public schools in that state. After negotiations among state education authorities and all concerned parties, an agreement was reached, and the U. S. District Court for Eastern Pennsylvania ordered a promulgation of this agreement throughout the state. This ruling, providing that all retarded children within that state are legally entitled to public education, has had national ramifications; similar "right-to-education" suits were initiated and are presently underway in many other states. *Mental Retardation and the Law* (April, 1973), a publication of the United States Department of Health, Education, and Welfare, termed this case ". . . the first important breakthrough in the vindication of the rights of the mentally retarded." In part, the parties' consent agreement stated that:

> It is the Commonwealth's obligation to place each mentally retarded child in a free, public program of education and training appropriate to the child's capacity within the context of a presumption that, among the alternative programs of education and training required by statute to be available, placement in a regular public school class is preferable to placement in a special public school class, and placement in a special public school class is preferable to placement in any other type of program of education and training (p. 27).

One of the first major parent-interest groups devoted solely to the concerns of the emotionally disturbed child appears to be the National Society for Autistic Children. The NSAC was founded in 1965 by psychologist Bernard Rimland, author of *Infantile Autism*, and himself the parent of an autistic child. The NSAC has grown to include almost a hundred chapters in nearly every state, and has operated in patterns similar to those of the NARC. Like that parent group and others, the NSAC has sought to foster, at times through legal action, public school involvement with these children, and has opposed their placement in private or state residential facilities. It should be recognized, however, that the proportion of behaviorally deviant children who may be labeled autistic or severely emotionally disturbed is quite small; the overwhelming majority of less disturbed children have no advocate or interest group to speak on their behalf.

That no organization comparable to the NARC has arisen may be the result of several factors. One explanation may lie in the stigma attached to parents of emotionally disturbed children, stemming from the formulations of psychoanalytic theory. Secondly, children labeled "emotionally disturbed" or "socially maladjusted" have tended to come mainly from the lower classes, particularly minority groups, it should be recalled, for instance, that special classes were originally established at the turn of the century to handle the problems posed largely by immigrant children. Many critics have contended that what school authorities view as deviant behavior in these children may actually be quite normal and appropriate behavior according to the values and social perceptions of the racial or ethnic group to which they belong. Thus, the parents in the ghettos who have argued for community control of their schools may in some respects be acting from motives not unlike those of groups such as the NARC, since community control of the schools would give them a hand in the crucial labeling process. Finally, even granting the legitimacy of the schools' criteria for defining normality, it is still predominantly those children from the lower classes who receive the labels of deviancy. It is not surprising that their families, lacking both financial and political resources, have not been able to do much effective lobbying.

Members of minority groups and spokesmen on their behalf have, however, been increasingly successful in bringing some of their concerns to the attention of the courts. These have come to be termed "right to fair classification" cases; largely in the form of class action suits, parents and other interested parties have argued that the labeling and placement procedure by which children are processed into special education is racially or culturally discriminatory and a violation of the Fourteenth Amendment's constitutional guarantees for due process and equal protection under the law.

In *Hobson v. Hansen* (1967), Judge Skelly Wright found unconstitutional the Washington, D.C. "tracking" system by which children, on the basis of their standardized test scores, were placed in either honors, general or special (educable mentally retarded) programs. Relying on *Brown v. Board of Education* (1954), the landmark school desegregation case, the court held that assessment measures were culturally biased and sustained an unjustifiable separation of students on the basis of race and socio-economic background. Noting a disproportionate number of black children in special classes, Judge Wright (p. 514) ruled:

> The evidence shows that the method by which track assignments are made depends essentially on standardized aptitude tests which, although given on a system-wide basis, are completely inappropriate for use with a large segment of the student body. Because these tests are primarily standardized on and relevant to a white middle class group of students, they produce inaccurate and misleading test scores when given to lower class and Negro students. As a result, rather than being classified according to ability to learn, these students are in reality being classified according to their socio-economic or racial status, or — more precisely — according to environmental and psychological factors which have nothing to do with innate ability.

More recently, in 1971 in California, a class action suit was filed on behalf of several black children who had been placed and retained in classes for the educable mentally retarded *(Larry, P., M. S., M. J. et al. v. Riles, et al.)*. It was argued for the plaintiffs that such children were being wrongly labeled and assigned to such classes by a racially and culturally biased testing procedure which violated the Civil Rights Act of 1871 and the right to equal protection under the California Constitution and the Fourteenth Amendment to the U. S. Constitution *(Mental Retardation and the Law*, April, 1973). In June, 1972, the court issued a preliminary injunction halting the use of I. Q. tests within the state for placing black children in classes for the educable mentally retarded. Preparations are underway by the plaintiffs to achieve a permanent ban on I. Q. testing; similar cases are in progress in other states. This area of litigation, together with the "right-to-education" suits on behalf of severely handicapped children, represents potentially significant avenues for change in the history of public school involvement with children perceived as mentally or behaviorally deviant.

In tracing the impact of outside interest-groups on public school involvement with children viewed as mentally or emotionally handicapped, the Council for Exceptional Children (CEC) must be credited with an important role, particularly in the post-World War II era. Founded in 1922 by a small group of special educators led by Elizabeth Farrell, its original purposes, as cited by A. S. Hill (1951, p. 239) were:

1. To emphasize the education of the special child rather than his identification or classification.
2. To establish professional standards for teachers in the field of special education.
3. To unite those interested in the problems of the special child.

Growth of the CEC was at first slow, the fifth annual meeting, for instance, drew only forty delegates. By 1935, though, it had established the *Journal of Exceptional Children* (later renamed *Exceptional Children*), a major journal in the field, and in 1941 merged with the National Education Association (NEA). It was in the "boom" period of special education following World War II that a national membership of 6,000 was reached and a separate office established at NEA headquarters. The CEC has become the largest and most influential professional organization in the nation in the field of education for the handicapped. Consisting primarily of special education teachers, administrators, and college teaching and research personnel, it has acted as both a research and information-promulgating body as well as an important force for both state and the more recent federal involvement in education of the exceptional child. It is to developments at this highest governmental level that we now turn.

Federal Involvement

The growth of federal involvement in state and local school programs for mentally retarded and emotionally disturbed children is a comparatively recent phenomenon. The first step, the Cooperative Research Act of 1954 (Public Law 83-531), authorized support for "cooperative research in education" though no funds were actually granted until 1957. In that year, $675,000 was specifically allocated for research related to education of the mentally retarded. In 1958 and 1959 (P. L. 85-926 and P. L. 86-158), the federal government officially recognized the need to foster the development of higher-education training programs in this field, and began to award fellowships for graduate students intent on careers as teacher-trainers or administrators in education of the mentally retarded.

The first real landmark effort, though, took place under the administration of President Kennedy, who, with a mentally retarded sister, was acutely aware of the needs of the mentally handicapped. In 1963, legislation was passed greatly increasing support for the training of professional personnel that had been authorized in these earlier laws. The Act (P. L. 88-164, Sections 301 and 302) extended support for professional training to several areas of childhood exceptionality, including the severely emotionally disturbed, and also authorized the use of funds for research and demonstration projects in the field of education of the handicapped. Legislation enacted in 1965 (P. L. 89-105) added to this act the authority to permit the construction and operation of research facilities and related programs, including the training of special personnel, as well.

The period of the mid-1960's was one in which a host of domestic legislation at the federal level was enacted, aimed at launching a "War on Poverty" and achieving the "Great Society." According to this liberal viewpoint, despair, poor motivation and illiteracy are primary factors in the "cycle of poverty," and education the cornerstone by which the poor can elevate themselves to better lives. To this end, many programs were designed in the Office of Economic Opportunity (established in 1965-66) and in the Office of Education to aid the "culturally disadvantaged" or "culturally deprived" child. In addition to the OEO-funded project Head Start, remedial reading, counseling and tutorial services of many varieties originated at this time. Some programs were maintained entirely from private sources such as foundations; others utilized support from a combination of private and public spheres including the federal government.

Such public school involvement, in large measure, had as its focus the child whose intellectual or social functioning was considered under-developed or inappropriate. These perceived characteristics are not unlike those with which special education has been traditionally concerned, and these areas of professional interest soon overlapped. By the late 1960's the field of special education was broadened to include programs for compensatory education. Reflecting this growing trend, in 1968, the Council for Exceptional Children devoted a monograph to the subject of "Special education and programs for disadvantaged youth," and professional journals such as *Exceptional Children* contained articles on similar themes.

Among the most significant efforts to alleviate poverty through schooling was the "Great Society's" legislative package, the Elementary and Secondary Education Act (ESEA) of 1965, which provided assistance to children in "disadvantaged" areas (including handicapped children) and support for state activity in this domain. Out of this more general federal concern with education and with education of minority group children in particular, the ESEA was amended in 1967 to include a separate Title VI dealing wholly with education and training of the handicapped child. Written as Public Law 89-750 and finally signed by the President as P. L. 90-247, this legislation represented a major, sweeping involvement of the federal government in a host of special educational programs, which included: 1) the establishment of regional resource centers to improve education of the handicapped, 2) the dissemination of grant support for recruitment of personnel in the field of special education and related disciplines; 3) an expansion of educational media for children, including the emotionally disturbed and the mentally retarded; 4) increased aid to in-state schools for handicapped children; 5) allotment of funds for research and experimental projects; and 6) a restructuring of funding procedures so that Title VI programs could be most viably established in each state.

Among the most significant developments from this act was the creation, within the U. S. Office of Education, of a National Advisory Committee and a separate Bureau for the Education of the Handicapped (BEH). Despite controversy and opposition which retarded the establishment of an independent agency, plans were carried into effect. This was the first instance in which the education of handicapped children had been granted parity with other federal educational efforts. As E. Martin (1968) observed, " . . . for the first time, specialists in education of the handicapped . . . would be at top policy-making levels within the Office (p. 501)." BEH has since been a major force in supporting efforts across the country in the field of education for the mentally and emotionally handicapped child.

Legislation enacted in 1970 (P. L. 91-230) reiterated support for these provisions, and also included the first special section dealing with children with learning disabilities. Reflecting the increasing educational concern for these children, this act called for: 1) support for research and related activities in education of children with learning disabilities; 2) aid in the training of special education personnel specifically to work with these children; and 3) "establishing and operating model centers for the improvement of education of children with specific learning disabilities." These centers would conduct testing and evaluation of individual children, assist and strengthen existing programs in this field, and develop and disseminate new educational methods for such children.

Public Schools and Learning Disabilities

In turning, finally, to the area of public school involvement with children seen as possessing learning disabilities, events are so contemporary that there seems little to cover in an historical review of this nature. J. McCarthy (in Hammill and Bartel, 1971, pp. 10-11) noted in 1969 that:

> Seldom has a concept burst upon the educational scene with such cataclysmic force as the concept of special learning disabilities . . . as late as the early 1960's . . . activity in the area which we now call learning disabilities was largely subliminal or limited to abortive excursions into new methods of remedial reading or new approaches to psychiatric or child guidance practice with children whose non-learning was seen as a hostile response to parental pressure or rejection. State legislatures had not yet been bombarded by parental pressure groups to enact enabling legislation. The USOE was blissfully unaware of what was about to erupt. Universities, with rare but notable exceptions, had no courses on the books to train personnel either to diagnose a learning disability or to teach the child who had one . . . It is probably safe to say that in 1970 there were no public school classes for these children except for remedial reading programs.

Bateman (1964), Frostig (in Myklebust, 1968) and other leading figures in this field have all pointed to the early to mid-1960's as the one in which educators began to focus on the child with learning difficulties. It was in 1962 that the Association for Children with Learning Disabilities (ACLD) was formed, a group encompassing the interests of parents as well as teachers and professionals, under the guidance and encouragement of Dr. Samuel Kirk, well-known in the field of education of the handicapped. This organization with local state affiliates has been quite active in directions similar to NARC, NSAC, and other interest groups. In its Spring, 1967 *Special Report on Legislation and Learning Disabilities* (p. ii), its editors reaffirmed the organization's focus of concern:

> The purpose of ACLD is to advance the education and general welfare of children and youth with normal or potentially normal intelligence who have learning disabilities of a perceptual, or coordinative nature, or related problems. ACLD is concerned with these children and youth regardless of the cause of the medical or symptomatic terminology . . . We exclude from this category those children and youth who have other sensory deficits such as the blind, the deaf, the cerebral palsied and the mentally retarded.

In 1968, the first journal devoted solely to this category of child variance was established, the *Journal of Learning Disabilities*. In the first issue, R. H. Barsch (1968) introduced the journal with a discussion at some length regarding the status and possible future of the field. But as to the influences which led to its relatively sudden burgeoning in the 1960's, he had little to say (p. 7):

> The lines of development which have generated the convergence upon this singular designation are many and varied and will certainly be the target of analytic examinations by future historians. In the present, however, there is little time for phylogenic analysis.

Although by 1966 eleven colleges and universities were receiving funding by the U. S. Office of Education to help support the training of personnel in this field, it was not until 1970, in huge measure due to the efforts of ACLD, that federal provisions specifically covering the education of the learning disabled child were enacted and real federal support began.

Barsch (1968) noted at the time that the status of school programs dealing with learning disabilities was in some confusion, both in administration and conceptualization. Neither comfortably placed in special education nor regular education, these programs have remained in an awkward position, reflecting largely the newness of the field. Individual school districts have varied widely in the interest and commitment they have shown to this most recent category of deviance in children.

VI. SUMMARY AND CONCLUSION

In tracing the development of public school involvement in the United States with children viewed as mentally or socially deviant, four main more or less distinct historical periods were identified and discussed in this review. These included: 1) the early and mid-nineteenth century societal efforts in the education of such children before public schools took on much of this role, 2) the immigrant era in the late nineteenth century, in which the enactment and enforcement of compulsory school attendance laws necessitated the establishment of special structures for deviant children, 3) a "middle period" from approximately the beginning of World War I through the end of World War II, highlighted by the development of school psychology and guidance and counseling services, with the continued growth of separate school facilities for special children, and 4) the post-World War II era, characterized by the rise of parent-interest groups and the concomitant increase in state and finally federal involvement in this field. Beginning in the 1960's public schools have come to define a new category of child variance, that of learning disabilities.

In reviewing societal involvement with these children in the nineteenth century before the impact of public schooling, developments can perhaps best be summarized by the word "ironic." For in each case, what began as sincere humanistic efforts toward change were turned into near caricatures of their original purposes. Institutions for retarded children, established with purely educational goals, stressing the importance of the teacher-child bond, developed into impersonal custodial structures. State mental hospitals, designed, at least on paper, to provide rigorous rehabilitative programs, from their inception were little better than the almshouses where such persons had previously been warehoused. And state reform schools, originally conceived as half-way houses in which youths would be placed with sympathetic rural families, became punitive detention centers.

Why did this happen? Some sources have pointed to the almost inevitable conditions of overcrowding and inadequate funding which led to the parallel outcomes of bureaucratization and depersonalization of services to these children. As noted earlier, the Westborough State Reform School doubled its original population within a decade of its inception; state hospitals for the mentally ill were similarly inundated with much greater numbers than they had been designed to accomodate. Another influence undoubtedly lies in the gradual ascendance of Darwinist thought. Beginning in the 1860's, the emphasis of environmental causes of mental or social deviance began to give way to an increasingly genetic view. In the latter portion of the nineteenth century, continuing through the first fifteen years of the twentieth century, educators came to place less and less hope in the possibility of significantly improving the capacities of retarded or disturbed children. It was at this time that institutions which had been created for purely educational purposes were transformed into permanent warehouses.

The period from the late nineteenth century to the start of World War I was one in which public schools in the United States took on the form they have held ever since. It was in this era that the deluge of immigration from eastern Europe took place, and the main culture-bearers of American society, greatly threatened by the foreign-speaking masses, turned to the schools to preserve and maintain traditional social-cultural patterns. Compulsory attendance laws were enacted and enforced to strengthen the school's new role as a major socializing agent. Soon after, the first special classes or structures within the schools arose.

By the turn of the century, the public school had become legally compelled to deal with children with whom they had previously had little contact; the mentally retarded, the "incorrigibles" — until the advent of compulsory attendance laws they had never been much of a problem for schools, for they either dropped out in the early grades or were simply never enrolled. One source quoted earlier explained tersely, "The Compulsory Attendance Act commands that they shall be placed in school; if not in the regular schools than in other schools to be provided for them (Harpur Report, 1899, p. 161)."

The considerable impact of Darwinist or Social Darwinist thought on public school involvement with children viewed as mentally or socially deviant is an important influence that is frequently neglected in histories of this period. While there were general educational reformers such as Julia Richman and Elizabeth Farrell, who labored long for better care and education of handicapped children, the more prevalent view was that shared and disseminated by men like Henry Goddard. The dominant conception of both public and professionals alike, was that the poor and infirm were that way because of their innate deficiencies, that they had simply lost out in the race of the "survival of the fittest." The mentally retarded and the socially maladjusted were seen, at best, as poor unfortunates, who, through no fault of their own, were biologically incapable of living in modern society. At worst, the attitude at this time was one of fear and alarm, and the establishment of special school classes or structures for these children must be viewed in this historical light.

The period from approximately the beginning of World War I through the end of World War II was one in which increasing public school involvement with these children took place. While there were no dramatic breakthroughs in educational philosophy, Social Darwinist conceptions gradually disappeared as a seriously viable viewpoint. It was in this era that school psychology and guidance and counseling services came to be actively involved with mentally retarded and emotionally disturbed children, basing much of their professional roles on the administration of standardized tests. The development of these instruments was greatly spurred by the U. S. Army in World War I, and it was shortly thereafter that schools came to make use of intelligence and achievement measures. As a result, the position of the school psychologist was created and has functioned ever since, largely to deal with children viewed as intellectually or scholastically deficient. Having roots in the field of vocational guidance, school guidance, until the impact of such therapists as Carl Rogers in the early 1940's, was concerned mainly with such matters as job or career counseling.

A major development during this period was the planning and establishment of a multi-agencied approach to the problems of emotional disturbance or social maladjustment in school children. School departments such as the Bureau of Child Guidance in New York City were created, making use of the services of school psychologists, school social workers and consulting psychiatrists under one unit. Such agencies, established in the 1930's in most large and middle-sized urban school systems, also began to join forces with other societal institutions in dealing with behaviorally deviant children. The mental health and legal-correctional systems particularly began to work more closely with the schools.

While greater school administrative concern for these children has traditionally been viewed as a laudatory development, recently some special educators have questioned to what extent the establishment of such departments has actually benefited the child. To what extent, too, have such agencies simply represented an increasing bureaucratization of the school, of the helping professions? Most personnel in these special services, heavily weighted with a plethora of supervisors, assistant supervisors and the like, see the individual child for whom they are to make recommendations only once, to conduct standardized testing. Sometimes not even that much interaction takes place with the child, for often the teacher alone is interviewed. This, too, is usually on a one-shot basis.

In the period since the end of World War II, the rise of parent-interest groups has been an extremely important force in the involvement of public schools with mentally and emotionally handicapped children. At both the state and, beginning in the 1960's, at the federal level, legislation enacted has strengthened existing programs and increased new ones. Funding, though still a problem, is certainly more adequate at present than in previous periods of special education. Another effect that the parent groups have had in this domain is that of spurring court decisions compelling school systems to provide educational treatment for severely retarded or severely distrubed children. Organizations such as NARC and NSAC have been quite active in this area, and the growth of school classes for trainable retardates is directly attributable to the impact of parent groups in the 1950's. There is less and less support, consequently, for the notion that mentally retarded or emotionally disturbed children should be put away or isolated in state institutions, and in recent years the thrust has been towards abolishing within the schools themselves the segregation of such children. Indeed, the very concept of the "special class" has been called into increasing doubt.

It might be worthwhile to note at this point that while states did enact compulsory attendance laws during the immigrant period of the late nineteenth to early twentieth century, these laws were apparently *not* intended to apply to severely deviant children who were viewed as rightfully belonging in state custodial institutions. It has been only relatively recently, since the end of World War II, partly due to the efforts of parent-interest groups, that this attitude has been changing.

It is worth noting that in recent years special education programs have come under increasing attack by minority groups (Dunn, 1968). J. L. Johnson (1969) among others has claimed a built-in bias in the existence and functioning of such programs, especially against racial minorities. Johnson (p. 375), for instance, contended that:

> Special education is helping the regular school maintain its spoiled identity when it creates special programs (whether psycho-dynamic or behavioral modification) for the "disruptive child" and the "slow learner," many of whom, for some strange reason, happen to be black and poor and live in the inner city.

It is significant to observe that almost precisely similar criticisms were lodged against the "ungraded classes" in the immigrant period reviewed in this paper, frequently by school officials themselves at that time. They noted the widespread mislabeling of minority group children as mentally retarded, and today it is clear that many of the immigrant children considered to be "incorrigible" simply represented manners, values, and attitudes divergent from those public schools sought to inculcate.

The historical parallels are striking. Sixty and seventy years ago, the special schools and classes established were explicitly designated to isolate the children with whom the regular classes could not cope. Their purpose was mainly detention rather than sympathetic, individualized instruction, and their pupil population was drawn largely from the poor and minority groups. It is exactly these contentions that characterize *present-day* criticisms of special education programs.

Another frequently leveled criticism of such programs is that they have either deliberately or inadvertently served to place children into various levels or "tracks," with the I. Q. score used as the chief sorting device. It is further argued that the poor and racial minorities are disproportionally represented in the less academically-oriented structures, such as special classes for the mentally retarded or the vocational programs. Due to their lower performace on the standardized intelligence tests, these children, it is said, are assigned to school facilities which offer little preparation for higher scholastic and social achievement.

As we have seen, an important motive in the original establishment of guidance and vocational guidance programs was an increased skepticism in the capacity of the immigrant child to benefit from academic training. Partly for reasons of school "efficiency" and "practicality," it was felt by many that children ought to be educated for the jobs which they would later hold as adults, and in the case of the immigrant children, it seemed clear that professional careers were beyond their ability to achieve. The new standardized tests appeared to offer the most rational and "scientific" way of making decisions about differential curricula for school children. Thus, Lewis Terman, deviser of the Stanford-Binet test and a leader in the testing movement, himself not only recognized the potential use of his and other scales for this "tracking" purpose, but *urged* that they be so employed.

Indeed, the involvement of public schools with children viewed as mentally or behaviorally deviant can be seen as stemming from two main historical motives: 1) the desire to provide better, more humanistic and child-centered education for all children, including the handicapped; and 2) the impetus to maintain the normal operating patterns and functions of the school, particularly related to its role as a major socializing agent. From this first motive came the efforts of Dr. Howe, Dorothea Dix, Elizabeth Farrell, and countless others who were interested in social and educational reform. Largely from the second motive, special school facilities were created for children perceived as deviant. These two forces have, of course, overlapped, and in some respects, are not at all contradictory. One can have the educational needs of the individual child in mind as well as those of the group or larger society. But these motives are *not* synonymous, as many educators, either implicitly or explicitly, have suggested. A greater awareness of both these historical trends, it is hoped, will lead to increasing sensitivity to the true needs of children.

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THE TREATMENT OF DEVIANCE BY THE EDUCATIONAL SYSTEM: STRUCTURE

by

Edward Hoffman

I. INTRODUCTION

Public schools have become increasingly involved with children defined as mentally retarded, emotionally disturbed socially maladjusted, or more recently, as possessing developmental disabilities or learning disabilities. An extensive national system now exists to provide care and training for such children. This system has grown markedly since its beginnings in the late nineteenth century, and now functions on local, state and federal levels. Every state currently has enacted legislation, either mandatory or permissive, providing for the establishment of local school programs for these children. National information clearinghouses have been created to better coordinate research and teaching methodology; regional and state professional associations and parent-interest groups have been established and have proliferated across the country. Ever-increasing funds and services have been allotted to this sphere of public education. Yet special education for mentally or behaviorally deviant children is now under greater criticism that ever before, particularly with regard to issues such as special placement, labeling, and institutionalization.

The purpose of this paper is to provide the reader with a comprehensive overview of how the educational system presently operates with regard to retarded, disturbed or learning-disabled children. Whenever relevant, areas of contention have been noted, with major arguments summarized for the reader.

We will first describe the client population, including the definitional criteria for mental retardation, emotional disturbance and learning disabilities; we will then turn to an examination of the crucial labeling and placement procedure, one which has received the brunt of criticism and legal attack. Since the many steps involved in this process are either explicitly or implicitly related to notions of normality and deviance, the third section of this work will analyze the basic conceptual models of intellectual and behavioral deviance. These models will include those characteristically favored by school personnel, as well as those advanced by their critics.

From this section, we will turn to a discussion of the training and functions of the key school personnel who deal with children defined as retarded, disturbed, or learning-disabled; most often, these roles are filled by the special education administrator, the special teacher, and the school psychologist. Section V will describe the basic programs or facilities utilized, and Section VI will analyze the psycho-educational content of these programs, that is, the nature of curriculum and the specific learning goals.

Special education has become increasingly involved with all levels of government, and Section VII will review the characteristic patterns of administration and funding. These patterns, of course, reflect policy decisions which are rarely made unanimously, but rather reflect an equilibrium of counter-interests and forces. Thus, Section VIII will deal with the crucial issue of power and influence in this field, since many of the disputes now being argued before the courts and elsewhere center over the issue of who should control decisions affecting the lives of school children.

Section IX will focus on the relatively recent growth of national information clearinghouses, which provide research reports and teaching materials for professional and public use.

Children categorized as emotionally disturbed, mentally retarded, or as possessing learning disabilities are often under the umbrella of other social institutions in the United States, such as the mental health system or the social welfare system. Section X will therefore briefly examine the most typical interactions of the public schools with other social institutions.

While many categories of childhood exceptionality are serviced by the public schools (e.g., blind, deaf, etc.), in order to maintain and continue the focus of the Conceptual Project in Child Variance, we will deal in this paper only with public school involvement with children defined as mentally or behaviorally deviant.

II. THE CLIENT POPULATION

The Emotionally Disturbed/Socially Maladjusted

In general, the definitions of this category of childhood exceptionality have been formulated rather loosely and imprecisely by the various state school systems. While a quasi-psychiatric model has been traditionally adopted, behavioral theory has gained increasing prominence in the schools' view of this disorder.

Operationally, the criteria by which school children are placed in special programs for the emotionally disturbed or socially maladjusted may be only nominally related to theoretical models for childhood psychopathology.

Cohen (1969), in a review of the term "emotional disturbance" in educational and related professional literature from 1964-1967, found two major terminological referents for this label: the first clustered about constructs of hyperactivity, delinquency, and aggression; the other centered about constructs of withdrawal, isolation and autism. She noted that the term appeared to have acquired some of the characteristics of "jargon phrase," and was often used without careful discrimination.

Hirshoren *et al.* (1970) in a national survey of school programs for this population cited several studies which suggested that legal definitions of emotional disturbance utilized by the various states tended to be circular and without uniformity. Morse *et al.* (1964) found that children were most likely to be placed in special classes from motives of altruism and interest in helping the troubled child on the one hand, and from a desire to remove and isolate the disrupter on the other.

Quay *et al.* (1966) obtained teacher ratings of characteristic problem-behaviors exhibited by children in classes for the disturbed. Three main dimensions were found, centering about either a) aggression and defiance; b) neuroticism and anxiety; or c) withdrawal and autistic behavior. Those in the first category of traits comprised the largest subgroup in special classes, followed by those in the third behavioral cluster. Balow (1966), in a review of studies which analyzed behavioral characteristics of the special education school population, noted that comparatively few withdrawn children were identified, suggesting that disturbing behavior is the most common reason for a child's referral.

In terms of epidemiology, estimates of the number of disturbed children have fluctuated widely, depending on definitional criteria. Glavin and Quay (1969, p. 85), in a review of research on this topic, commented:

> Since there is no widely accepted definition of maladjusted children, the figures from surveys on incidence of emotional disturbance in the public schools varied according to the definition and cutoff point employed by the researcher figures range from four per cent to 22 per cent in studies cited.

The Mackie report (1969) of special education services in the United States between 1948 and 1966 gave two per cent as the prevalence figure for emotionally disturbed children. Approximately 90,000 were enrolled in special programs to meet their needs, or only twelve per cent of the total number. Regarding both prevalence and numbers of children in such programs, Mackie included children defined as "socially maladjusted," because of the difficulty of differentiating the syndromes.

Most states employ a prevalence figure of two per cent in planning special services for this population, but these programs are designed to treat only the most seriously disturbed children. Bower (1969) and others have noted that by the time most school children are referred for psychological assistance, these disorders have usually been manifest for several years. Efforts at earlier identification and screening have been in the planning stage in recent years, but have yet to be implemented nationally in other than an experimental fashion.

Characteristically, a disproportionate number of children in special programs for the emotionally disturbed socially maladjusted are boys. Glavin and Quay (1969) observed that researchers have repeatedly found at least a two-to-one male-female ratio. Quay *et al.* (1966), in a national survey, reported that 80 per cent of children in these classes were boys. Mumpower (1970), in a survey conducted on white children serviced by the Special Education Center at the University of Louisiana over a ten year period, reported that roughly 70 per cent of children referred with mild to moderate emotional problems were boys, interestingly, though, the sex ratio was about even for those with severe emotional problems.

Data from these studies on sex ratios appear to suggest, then, either that school-age boys experience significantly greater emotional disturbance than do girls, or that behavioral traits commonly associated with masculinity in our culture (aggressiveness and activity) are more likely to run counter to school criteria for normality, than are traits associated with femininity (passivity and compliance).

The Mentally Retarded

With the rapid influx into the public schools in the 1950's of more severely mentally retarded children, two definitional sub-categories and resultant differential treatment modes were established: the *educable* mentally retarded (EMR), and the *trainable* mentally retarded (TMR). In recent years, these labels, like many others in the field of childhood exceptionality, have come under increasing criticism, and are consequently losing acceptance in the professional field. Nevertheless, they continue to be the most widely used differential descriptions of children viewed as mentally retarded.

Children in the educable category usually exhibit no discernible neurological abnormalities; educationally, the term implies an ability to learn basic academic skills, such as reading and arithmetic. Often the causes of this disorder are attributed to environmental or familial factors. The somewhat arbitrary labeling of children who are often physically and socially normal as "mentally retarded" has become an extremely controversial issue in recent years in the schools.

Children in the trainable sub-group were generally barred from public school attendance until the 1950's because of the obvious cognitive and physical deficiencies they usually manifested. Waite (1972, pp. 5-7) stated:

> Since 1950 a concerted effort has been made to establish programs for trainable mentally retarded pupils in the public schools of the United States.
>
> The majority of the trainable mentally retarded are retarded because of pathological causes — brain injury, metabolic disorders, genetic aberrations . . . . Motor coordination is usually poor, and there is present a much higher incidence of visual, auditory, and other sensory and physical problems than is true for the general population.

The most important and often sole criterion for defining both EMR and TMR categories has been the child's score on a standardized intelligence test, usually the Stanford-Binet or the Weschler Intelligence Scale for Children (WISC). The cutoff points for normality and sub-educable have tended to vary from state to state and from year to year, but most school systems have defined mental retardation as an IQ score of below 75. An IQ of 50 to 75 has generally been viewed as indicating educable mental retardation while an IQ score of 25 to 50 has suggested the trainable mentally retarded status.

Although nearly all regular and special educators have begun to urge that other measures besides the IQ score be used in determining mental retardation, as Iano (1972), Dunn (1968), Mercer (1971), and many others have noted, "in practice, the IQ score seems to be the only criterion that is seriously and consistently used (Iano, p. 190)."

As in the case of emotionally disturbed/socially maladjusted classes, a disproportionate number of children in EMR classes are boys. To a lesser extent this is also true in TMR classes.

By 1967, there were approximately 587,000 pupils in 44,000 classes for the educable retarded and 90,000 pupils in 9,000 classes for the trainable retarded.

Until the early 1970's, the children with IQ scores below the EMR category were generally viewed by educators as unable to gain in any meaningful way from public school education. Largely due to the efforts of parent-interest groups such as the National Association for Retarded Children (NARC), court suits have been initiated in many states to compel public schools to provide education for these children. It remains to be seen whether the care and education of the severely retarded and emotionally disturbed will indeed be transferred to the public schools, and out of the domain of state and private custodial or treatment centers.

It is almost a truism to state that a disproportionate number of children in programs for the mentally retarded or emotionally disturbed in urban schools are poor and non-white. Jones (1972) noted that Black and Chicano pupils comprised eight per cent and thirteen per cent respectively of the California public school population, but 26 per cent of those enrolled in special classes for the mildly retarded belonged to these minority groups.

Dunn (1968), in his now classic article on the state of school programs for the educable mentally retarded, estimated that from 60 to 89 per cent of the pupils in EMR classes were from lower status backgrounds. Franks (1971) similarly found a disproportionate number of children in EMR classes were from low-income and non-white families. In studying twelve Missouri school districts receiving state reimbursement for providing both EMR and learning-disability services during 1969-1970, Franks found that children in the EMR classes were approximately 34 per cent Black and 66 per cent white. In the programs for children classified as possessing learning disabilities, three per cent were Black and 97 per cent were white.

Mercer (1971), an active investigator in this area, examined epidemiology of mental retardation in the public schools of Riverside, California, a racially-mixed, moderate-sized community. She noted a disproportionate number of non-white children receiving this label by the schools, and observed that "rates for labeled retardation among ethnic minorities are three to five times higher than those for Anglos, even when socio-economic status is held constant (p. 202)."

Johnson (1969) noted that in many urban public schools in the United States, increasing proportions of children are non-white. In Washington, D. C., the schools are more than 90 per cent Black; in Chicago, more than 70 per cent. He also noted a disproportionate number of Black children in special educational services, both for the mentally retarded and the emotionally disturbed.

The various explanations which have been invoked to account for these racial discrepancies will be reviewed in the following section; it will be seen that several conceptual models or philosophies of child mental disorder exist, and we will explore the ways in which the public schools have tended to view mental retardation and emotional disturbance, either theoretically or operationally.

The Learning Disabled

Due to the sudden burgeoning of this diagnostic category, definitional criteria are presently in a state of flux. Hallahan and Cruickshank (1973), in a discussion of the development of the term "developmental learning disability," noted that earliest research in this field was focused on the mentally retarded, specifically on exogenous retarded children. In the early 1960's a variety of terms, such as "brain injured," "perceptually handicapped," etc., began to appear in the literature, reflecting the growing diversity of research. Remedial efforts with such children were equally disparate. McCarthy and McCarthy (1969, p. 4), for instance, have noted:

> As each of these approaches found expression in the professional literature, there was a tendency for each to define learning disabilities in terms of the particular stress of its own methodology. Thus, learning disabilities are seen by some as basically linguistic and by others as basically motoric and by still others as basically perceptual. . . .

In 1967, the Association for Children with Learning Disabilities, a national organization of parents and professionals and probably most powerful in this field, adopted the following definition. It was formulated by professionals and a group of executives of the organization:

> A child with learning disabilities is one with adequate mental ability, sensory processes, and emotional stability who has a limited number of specific defects in perceptual, integrative, or expressive processes which severely impair learning efficiency. This includes children who have central nervous system dysfunction which is expressed primarily in impaired learning efficiency (Kass, cited in Hammill and Bartel (Eds.), 1971, p. 5).

A further clarification of this term was provided by a committee called together in 1967 by the U. S. Office of Education's Unit of Learning Disabilities (part of the Bureau for the Education for the Handicapped) and Northwestern University's Institute for Language Disabilities. This committee was comprised of individuals representing a wide variety of disciplines concerned with learning disorder handicaps. The definition resulting from their deliberation was:

> A learning disability refers to one or more significant deficits in essential learning processes requiring special educational techniques for its remediation.
>
> Children with learning disability generally demonstrate a discrepancy between expected and actual achievement in one or more areas, such as spoken, reading, or written language, mathematics, and spatial orientation.
>
> The learning disability referred to is not primarily the result of sensory, motor, intellectual, or emotional handicap, or lack of opportunity to learn.
>
> Deficits are to be defined in terms of accepted diagnostic procedures in education and psychology.
>
> Essential learning processes are those currently referred to in behavioral science as perception, integration, and expression, either verbal or nonverbal.
>
> Special education techniques for remediation require educational planning based on the diagnostic procedures and findings. (Hammill and Bartel (Eds.), 1971, p. 6)

Finally, a concise definition was advanced by the National Advisory Committee on Handicapped Children to the Bureau of Education for the Handicapped, Office of Education, in their annual report to Congress in 1968. This definition was incorporated into Congressional legislation, in the Children with Specific Learning Disabilities Act of 1969 (P. L. 91-230, The Elementary and Secondary Amendments of 1969):

> Children with special learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance or to environmental deprivation.
>
> (Hammill and Bartel (Eds.), 1971, p. 6)

Of course textbook definitions do not always reflect operational criteria. Franks ([illegible]) found a tendency for Black children to be labeled "mentally retarded" rather than "learning disabled," and Mumpower (1970) noted a disproportionate number of boys in the "neurologically impaired" category. In a discussion of how children are identified in this category of exceptionality, McCarthy and McCarthy ([illegible], p. [illegible]) found three common elements: 1) all are retarded in one or more school subjects, speech or language, and/or manifest behavior problems; 2) none are assignable to major categories of exceptionality such as mental retardation or deafness; 3) [illegible] have [illegible] presumed [illegible] (cerebral dysfunction) for their manifest disability or disabilities. They also described a 1966 study (p. 8) of the various specific behaviors by which children were placed in this category by school personnel. The ten most frequently cited characteristics of such children, in order of frequency cited, were: 1) hyperactivity; 2) perceptual-motor impairments; 3) emotional lability; 4) general orientation defects; 5) disorders of attention (e.g., short attention span, distractibility); 6) impulsivity; 7) disorders of memory and thinking; 8) specific learning disabilities in reading, arithmetic, writing, and spelling; 9) disorders of speech and hearing; 10) equivocal neurological signs and electroencephalographic irregularities.

According to Samuel Kirk (Hammill and Bartel, 1971), one of the leaders in the field, the analysis and diagnosis of learning-disabled children has been based predominantly on a few psychometric tests. These have traditionally included the Rorschach tests, Bender-Gestalt tests, the Stanford-Binet Intelligence Scale, the Weschler Intelligence Scale for Children (WISC) and others. Recently, more "microscopic" tests have evolved, designed to pinpoint the specific disabilities of the child. Some of these newer instruments include: Wepman's Auditory Discrimination Test, the Illinois Test of Psycholinguistic Abilities (ITPA), the Frostig Developmental Test of Visual Perception, the Purdue Perceptual-Motor Survey, a series of diagnostic reading tests, and other similar tests.

The prevalence of learning disability has been estimated at one to thirty per cent of the school population, depending upon the definitional criteria employed. The National Advisory Committee on Handicapped Children in its 1968 report to Congress recommended that one to three per cent of the school population be considered as a prevalence estimate, at least until more accurate assessment measures are developed.

III. THE LABELING AND PLACEMENT PROCESS

The paradigm presented here includes the usual steps by which a child in a regular classroom is given the label of emotionally disturbed/socially maladjusted or mentally retarded, and then placed in a special school structure. These steps usually occur in a specific sequence, and begin when a child exhibits behavioral and/or learning problems in the regular class.

According to MacMillan (1971) and others, at this initial point no assumption is made regarding the cause of the child's problem. In many instances, the child may be manifesting a relatively minor and short-term difficulty; teacher conferences with the child's parents may quickly solve the problem, or the child may simply be "retained" in his present grade for an additional year. Mercer (1970) found that 72 per cent of the children in classes for the educable mentally retarded in a middle-sized urban school system had repeated grades at some time in their educational careers.

If, however, the child's school performance continues to be unsatisfactory, the teacher is likely to contact the principal or assistant principal for outside assistance; the child is now in a position to be evaluated by teacher and administrator for possible referral for psychological assessment. At this stage, the child's problem may be handled in a variety of ways: the administrator may explain that the school's special services are overburdened, and that the child's difficulties, though real, do not demand special intervention. Or, the child may be viewed as needing remedial reading or speech correction, and thus be referred to school professionals in those areas. The third alternative is to send the child to a psychologist for assessment, as a "case to be evaluated." Only the most serious cases of behavioral and/or learning difficulty, usually the children who are most disruptive, are placed in this third category.

Typically, the school psychologist does not fully examine all children who are recommended for a complete diagnostic assessment. Using his own judgment the psychologist may decide that the child should return to his regular class, possibly with recommendations for counseling or psychotherapy, or individualized instruction.

If not sent back to a regular class, the child will be assessed for possible mental retardation or emotional disturbance. It is largely at this juncture that it is determined whether the child will be labeled, and thereby placed in special educational structures. Keough (1972, p. 141) stated:

> In most school districts individual psychological evaluation is a legal requirement for placement in special education programs; psychological test findings are presumed to be important in planning remedial strategies.

This evaluative process is usually designed to measure intellectual performance, and indeed, the role of school psychologists has historically evolved from the need of public schools to have trained personnel in the administration of standardized intelligence tests. The psychologist's function at this stage is not to identify the child's problem, for that step has usually already been carried out by the child's teacher in his/her referral. Keough (1972), Forness (1972) and others have noted that the chief role of the psychologist is either to confirm or deny the intended category of exceptionality — "mentally retarded" or "emotionally disturbed."

It should therefore be pointed out that the implied diagnosis by the teacher is an important influence in the formal labeling procedure. Particularly in the absence of gross emotional or intellectual impairment (by far the majority of cases referred to examination), the initial judgment of the teacher carries great weight in whether or not the child is retained in the regular school program or is in a position to be labeled and placed in special facilities.

Basic to the battery of tests which the psychologist administers are the Weschler Intelligence Scale for Children (WISC), the Peabody Picture Vocabulary Test (PPVT) and the Stanford-Binet Test of Intelligence. Other common measures include the Progressive Matrices Test and the House-

Tree-Person Test. All of these attempt to assess verbal intelligence, except for the Progressive Matrices, which is a non-verbal measure of reasoning ability. The House-Tree-Person Test also attempts to assess personality through quantitative and qualitative analysis of the child's drawings.

Characteristically, this crucial stage in the labeling and placement process occupies about an hour in the psychologist's invariably overworked schedule. Almost always, neither the child nor the psychologist has ever met each other prior to the examination, nor are they likely to encounter each other again. In addition to the intelligence tests, several achievement and social personality scales may be administered. Hansen (1963), cited in Keough (1972, p. 141) found that:

> School psychologists, with remarkable monotony, based their diagnosis on a limited set of instruments: a standardized intelligence test, a drawing or copying task, and a short-form achievement test. Interpretations were mostly CA (ed. chronological age) or MA (ed. mental age) norm-referred. Little consideration was given to individual differences in process or in styles of problem solving.

It is this stage which has probably received the most criticism in the heavily controversial issue of labeling and special class placement. Members of minority groups and, increasingly, professionals within the field have contended that the standardized tests, validated mainly on white middle-class populations, and the nature of the test situation itself, have unfairly discriminated against racial minorities. Representative of such viewpoints is the argument articulated by Johnson (1969, pp. 244-251):

> Basically, this labeling process imputes a lack of ability or a lack of values and behavior which are acceptable to the school . . . . The rule of thumb for Black children is: IQ below 75 = learning problem or stupid, and IQ above 75 = behavior problem or crazy.
>
> Special education in our inner cities suffers from obsolete, racist conceptions of deviance and unjustifiable ways of cooling out children.

While it is beyond the scope of this paper to review the history of such criticisms or evaluate charges of institutional racism in the labeling process, it is undeniable that the psychological educational assessment conducted by the school psychologist is the major step in this process, and that the core of the assessment involves the administration of standardized intelligence tests.

Following the assessment, a school staff planning session is usually arranged, involving the psychologist, the principal or assistant principal, the guidance counselor, and the child's regular classroom teacher(s). Reports by these personnel may be used if the individuals are not physically present at the conference. An IQ score below 75, in most states, warrants the categorization of the child as mentally retarded. In some instances, the recommendations of the psychologist, combined with the judgments of others in the conference may result in the child's being categorized as emotionally disturbed/socially maladjusted, even though the IQ score is below the normal range. In some states, such as Michigan, the child must be legally "certified" emotionally disturbed, and a psychiatrist must be called in to conduct a psychiatric evaluation on the child before he/she can be placed in a special educational program for this population. Or, the planning committee may decide to refer the child back to the regular class to be given special instruction or psychotherapy or counseling.

In some cases, as Mercer (1970) has noted, the child's parents may have him/her removed from public school at this time (or at an earlier stage in the labeling process) and placed in a parochial school, where such categories as mentally retarded usually do not exist. In some states, such as California, the law requires that parents be notified before a child is to be placed in special educational programs. This stage in the labeling and placement process is, like standardized testing, presently embroiled in controversy and the focus of important litigation in many states. Parents of minority group children have argued that the labeling of the child into a stigmatory category and subsequent placement into a separate educational facility violates constitutional guarantees of due process and equal protection. Before the decision to specially place a child has been made, it is argued, the parents must be notified and given a formal opportunity to challenge placement. Increasingly, this view has tended to be upheld by the courts, and in the future, written parental consent to the label, initial and continued placement may be legally necessary for the process to occur.

It is important to note at this point that the actual decision to place the child in such programs belongs not to the psychologist who makes the evaluation, but in the typical pattern of Eastern and Midwestern states, to the school administrator, or in the Southern and Western pattern, to the earlier described committee. Operationally, though, the psychologist's recommendations carry heavy weight in this decision-making stage. If the psychologist (or, as mentioned earlier, in some states, the psychiatrist) evaluates the child as mentally retarded or emotionally disturbed, then usually this formal label is bestowed upon the child, and special educational placement follows.

Since we will deal with the nature and variety of such programs in a later section, we will conclude this description of the labeling and placement process with an examination of how a child, once placed in a special structure, may be returned to the regular class. Unfortunately, there has been little information available on this process, although it is increasingly regarded by minority groups and professionals alike as among the most pressing issues in the field of special education.

Gallagher (1972) commented that "In too many instances many general educators only ask one thing of the special educational programs — that it take these troublesome children and not give them back (p. 529)." He went on to note that data collected informally by the United States Office of Education suggested "in a number of large city school systems far less than 10 per cent of the children placed in special classes are ever returned to regular education . . . . The traffic all goes in one direction (p. 529)."

Cormany (1970) found in a survey of major special educational and counseling journals during the previous decade that only one article had dealt with the school counselor's role in moving special education students back to the regular classes. He concluded that "Too often, special education classes are considered terminal. The door closes and no consideration is given to its reopening (p. 641)."

Perhaps most telling is the data furnished by the national survey report of special educational programs for the emotionally disturbed, undertaken by Hirshoren *et al.* (1970, p. 46). Each state director of special education was asked to estimate the percentage of children classified as emotionally disturbed and placed in special programs who were returned to a regular class each year. Over one-third of the state directors were either unable to estimate, found the question not applicable since they had no special programs for this population, or failed to provide an answer (see Table 3). The authors noted:

> That 17 of the states with programs were unable to supply an estimate or did not answer this question suggests that though all of the programs are at least in part supported by state funds, the states lack data which could serve as an indicator of the effectiveness of the programs within their states.

Percentages of children returned each year varied from five per cent to over 90 per cent, a phenomenon which they found "difficult to understand (p. 46)." Only 21 states provided sufficient data on the role of various school personnel involved in the process of returning an emotionally disturbed child from special to regular education. In general, the teacher seemed to have a greater role in the process of the return than in the placement, with a committee or school administrator most frequently involved in the reevaluation. Only five states indicated in whose power lay the final decision to return; in three of these it was the administrator who made this decision. Grosenick (1971, p. 2) noted:

> Since the creation of special classes for emotionally disturbed children is of recent origin, the problem of delineating specific steps for reintegration is also new . . . . Morse *et al.* (1964) suggest that two reasons for this . . . are a) follow-up procedures are left solely to the special class teacher to be performed on the basis of his own interest and initiative; and b) in a greater percentage of cases continued special education occurs.

> This second explanation suggests that many teachers of emotionally disturbed children consider special classes as a "dead end" for these children.

It should be perhaps noted that although studies cited here have dealt, with the exception of Gallagher's, with the issue of regular class re-entry only for the emotionally disturbed, the controversy over whether special educational programs are "dead ends" for their pupils has been raised again and again in connection with programs for the educable mentally retarded. Since mental retardation, compared with emotional disturbance, has been viewed as a more permanent and sustained disorder, and secondly, since special school programs for the retarded have historically evolved as almost exclusively self-contained or isolated structures (Christopolos and Renz, 1969; Hoffman, 1973), there is little reason to suppose that placement *out* of special education and back into regular classes occurs more frequently with children considered to be mentally retarded. In both categories, children tend to leave these programs when they either drop out of public school at age sixteen or are expelled.

Figure 1 provides a detailed summary in chart form of this entire procedure. Figure 2 offers a more general description of the steps involved in the labeling and placement process.

During the labeling and placement processes, a variety of records is created. Those that are kept in the pupil's permanent school file include attendance and school performance records, scores on the IQ and other standardized tests, teacher, guidance counselor, and school psychologist reports and recommendations of these and related personnel. The placement of the child into a special education program is also entered into these records; in some states, such as Michigan, a child must be legally "certified" as mentally retarded or emotionally disturbed before placement can be made. In such instances, this document is also included in the child's file. These records tend to remain in the child's school file, even following exit from special education programs and return to regular education.

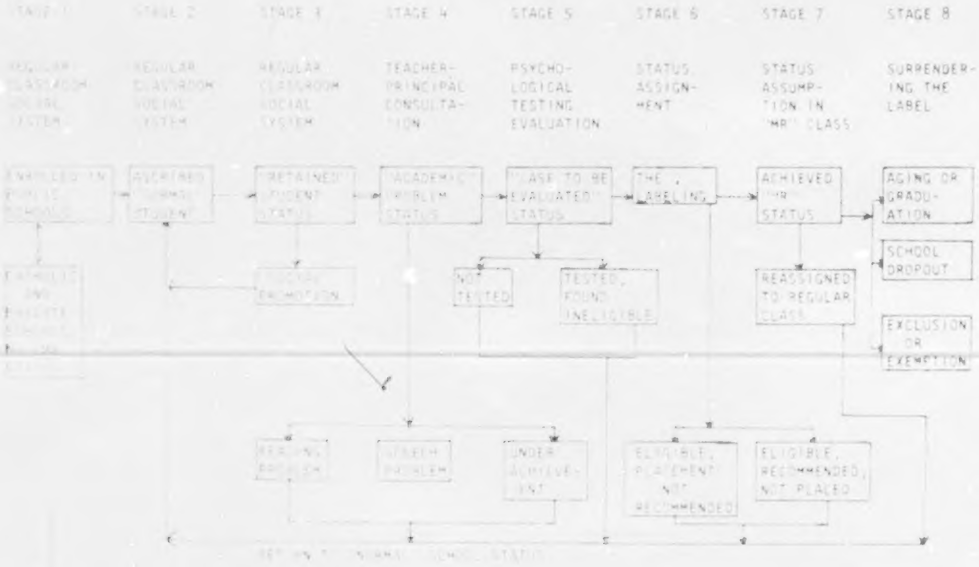
STAGE 1
STAGE 2
STAGE 3
STAGE 4
STAGE 5
STAGE 6
STAGE 7
STAGE 8
REGULAR CLASSROOM SOCIAL SYSTEM
REGULAR CLASSROOM SOCIAL SYSTEM
REGULAR CLASSROOM SOCIAL SYSTEM
TEACHER-PRINCIPAL CONSULTATION
PSYCHOLOGICAL TESTING EVALUATION
STATUS ASSIGNMENT
STATUS ASSUMPTION IN "MR" CLASS
SURRENDERING THE LABEL
ENROLLED IN PUBLIC SCHOOLS
ASCRIBED "NORMAL" STUDENT
"RETAINED" STUDENT STATUS
"ACADEMIC" PROBLEM STATUS
"CASE TO BE EVALUATED" STATUS
THE LABELING
ACHIEVED "MR" STATUS
AGING OR GRADUATION
SCHOOL DROPOUT
EXCLUSION OR EXEMPTION
CATHOLIC AND PRIVATE SCHOOLS
SOCIAL PROMOTION
NOT TESTED
TESTED, FOUND INELIGIBLE
REASSIGNED TO REGULAR CLASS
READING PROBLEM
SPEECH PROBLEM
UNDERACHIEVEMENT
ELIGIBLE, PLACEMENT NOT RECOMMENDED
ELIGIBLE, RECOMMENDED, NOT PLACED
RETURN TO "NORMAL" SCHOOL STATUS

Figure 1. Typical Educational Labeling Sequence.

(From Mercer, 1973, p. 38)

The record-keeping process has come under attack by critics, especially by minority group parents. Presently the focus of litigation in several states, it is being argued that the existence of such records of an essentially stigmatory nature violates the constitutional rights of children, rights which include freedom from invasion of privacy and self-incrimination.

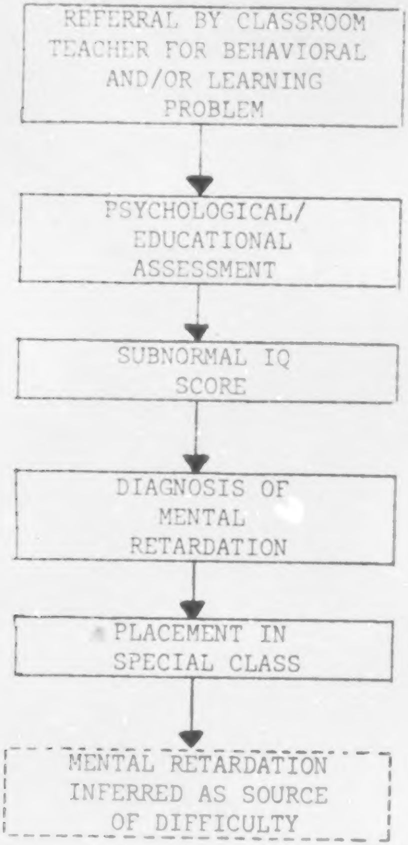
REFERRAL BY CLASSROOM TEACHER FOR BEHAVIORAL AND/OR LEARNING PROBLEM
PSYCHOLOGICAL/ EDUCATIONAL ASSESSMENT
SUBNORMAL IQ SCORE
DIAGNOSIS OF MENTAL RETARDATION
PLACEMENT IN SPECIAL CLASS
MENTAL RETARDATION INFERRED AS SOURCE OF DIFFICULTY

Figure 2. Typical diagnostic sequence in special education.

(From Bruininks and Rynders, 1971, p.5)

IV. CONCEPTUAL MODELS AND OPERATING PHILOSOPHIES

All programs of intervention and educational structures, from self-contained classrooms to residential treatment centers, are based either explicitly or implicitly on some model of child deviance. In later sections of this paper the details of treatment strategies and structures will be examined. First, however, it is crucial to ask: on what models or operating philosophies does the education system rest, how does it define deviance in the child, and how do these orientations express themselves in the operations of the schools?

We begin with the term "mental retardation." Historically, as Scheerenberger (1964) has noted, the condition has had no single universally recognized definitional criterion. As observed previously in the labeling and placement process, the public schools have tended to rely on the child's IQ score on a standardized test for evidence of mental deficiency. While other circumstances may be taken into account by decision-makers in this process (e.g., that the child's problems are primarily emotional rather than intellectual), in most instances an IQ score below 75 is sufficient to define the child as being mentally retarded.

It is now almost universally acknowledged by special education personnel that a disproportionate number of minority group children, especially in urban school systems, are defined as educable mentally retarded; several explanations have been invoked to account for this phenomenon. These explanations have recently involved the issue, previously left frequently unspoken, of the conceptual models employed by public schools in the categorization of deviant or problem children.

In an article which may have signaled the opening of this controversy, Dunn (1968) estimated that 60-80 per cent of the pupils in classes for the educable mentally retarded were from low-status backgrounds, and that these children, possessing only mild learning problems, had been mislabeled mentally retarded. Dunn contended that the label often reflected simply the "pre-dispositions, idiosyncrasies and backgrounds" of the diagnostic team members. He termed the school's approach a "disability" orientation, and recommended substitute descriptions which could be framed in more educationally relevant terms. Clearly, though, Dunn was not denying that the source of the learning difficulty lay "inside" the child; he was maintaining, however, that in the case of children viewed as educable mentally retarded, the problem was educational and socio-cultural in nature (i.e., the child was "culturally deprived"), and hence the label of "mentally retarded" did not apply.

Mercer (1970, 1971) has taken a position which may be described as a sociological approach. Along with Dunn and many others, she notes the disproportionate number of poor, non-white children in special classes for the retarded, and like the others, she contends that the schools employ a label which is not relevant for educators. However, she goes further than Dunn and argues that the source of the learning difficulty is not "within" the child, but is in the cultural clash between two relatively distinct entities: the public school system and the child's own cultural reference group.

Mercer (1971) suggests that two broad models influence the school system's categorization of children as mentally retarded. The first, which she termed the "defect" or deficit theory, argues that a high proportion of retarded children in the public schools are from minority groups because of adverse living conditions that the poor are likely to experience; a second position, her own view, she terms a social system perspective. In the first approach, such factors as poor nutrition, inadequate housing, greater susceptibility to disease, and the need of more medical care are considered the influences which induce biological disorders in the child with a cognitive component. The failure to detect clear psychological defects is seen by this approach as primarily due to the relatively primitive nature of present diagnostic tools.

An alternative position, the social system approach, focuses not simply on the individual who *receives* the label of "mentally retarded" but on the person who *defines* this as well. The labeling process is seen as a social phenomenon, which, like other social exchanges, is influenced in important ways by variables such as class, race, age, and sex. Mercer (1970, pp. 383-384) described this model as one in which

> mental retardation is not viewed as individual pathology but as a status which an individual holds in a particular social system and a role which he plays as an occupant of that status . . . . Thus, mental retardation is specific to a particular social system . . . . Consequently, the 'prevalence' rate for mental retardation is relative to the level of the norms of specific social systems and will vary with the expectation of the definer.

Another model has attempted to explain the disproportionate number of students in special education facilities who are poor and or members of racial minorities, namely, the genetic position. Historically rooted in Social Darwinist formulations by philosophers, such as Herbert Spencer, and later special educators, such as Henry Goddard, this view argues that innate biological factors are the cause of racial differences in intelligence test scores. Associated more recently with Hernstein, Jenson, Shockley and others, this position is the occasion for great controversy. While it does not maintain that all whites are superior to all Blacks, it does argue that, taken as a whole, the Black racial gene pool is significantly inferior to that of the white race in the traits measured on standardized intelligence tests.

In a synthesis of viewpoints, MacMillan (1971) suggested that there may be *several* reasons why poor, minority group children are more likely to be categorized as mentally retarded by the schools, and why no one explanatory model is sufficient to account for the phenomenon. He outlined a typology of "mental retardation" which appears quite relevant to these issues:

1. Bilingual children (e.g., Chicano, Puerto Rican) in need of accommodation in the area of language, but who, genotypically speaking, are not defective or retarded.
2. Children from environments described as impoverished, in that they are lacking in materials or experiences considered beneficial to a child in adjusting to the school. Again, these children are not genotypically retarded.
3. Children who have developed failure sets, i.e., who have poor self-concepts and expect to fail before they even attempt a task.
4. Children of dull-normal ability with so much emotional overlay that their performance in school and on the intelligence test is depressed below the district cut-off.
5. Children who simply received a poor genetic pool or suffered prenatal, paranatal, or postnatal damage resulting in lowered cognitive capacity. These children are genotypically retarded.

This typology incorporates features of both the sociological and the "defect" models. While not disparaging influences such as cultural clash or institutional racism in the labeling of minority group children as mentally retarded, it lends support to evidence furnished by Birch and Gussow (1970) and others which shows the very real and damaging effects of inadequate health and nutrition upon children in poverty.

In turning to a discussion of how emotional disturbance social maladjustment has been conceptualized by the public schools, the most prevalent model has been what Shultz *et al.* (1971) have termed the "quasi-psychiatric" model. In this view, the source of the behavior or learning problem is definitely seen to lie "within" the child. Various psychogenic theories are invoked to account for the disturbance (e.g., acting out behaviors may be due to inadequate mothering, father absence, sibling rivalry, etc.), and the child's behavioral clash with the school is viewed as a symptom of the disorder. Or, the disturbance may be explained in terms of hormonal imbalances or physiological abnormalities, causing conditions such as hyperactivity. Rhodes (1967, p. 49) has noted

> Generally, we assume that emotional disturbance is the exclusive property of the child. This approach has been borrowed from the physiological model and applied to psychological disturbance. For a long time we have probed, analyzed, and dissected the psychic structure, the chemical structure, the neurological substrate, the glandular constituents, and the genetic history of the organism in a search for the essence of disturbance. We have carefully reviewed the developmental history of the organism and studied the influence of the environment upon it. *In all these attempts the starting point has been the assumption that a flaw within the child was responsible for the disturbance.* (emphasis added).

Rhodes went on to suggest what he termed an *ecological* view of emotional disturbance to replace the disease of medical model which is characteristically employed by the public schools. In the ecological framework, it becomes necessary to examine the criteria of normality which a culture has established, for it is only when these norms are violated that a child or adult is likely to have a label of deviance imposed, be it medically, legally, or religiously defined. Thus, the label of emotional disturbance is seen to involve an interaction between the environment and the individual; the locus of the problem lies between the two, not "inside" the child.

This model bears certain similarities to behavioral theory in that emotional disturbance or social maladjustment is re-defined as simply maladaptive behavior. A child who is misbehaving in the classroom is considered to be doing so because, in ways perhaps completely unknown to the teacher, he/she is being reinforced or rewarded for doing so. There are no "symptoms" according to this model; the symptom *is* the problem. Through manipulation of reinforcement contingencies (e.g., rewarding the child for every five minutes he/she is *not* out of his/her seat, and ignoring what is seen as attention-seeking, mischievous behavior), the disturbance is viewed as likely to disappear.

This model, derived from learning theory, gave rise to numerous behavior modification techniques, and has gained increasing prominence in the public schools. The major difference between the behavioral and sociological or ecological conceptions of emotional disturbance appears to consist in how it is *applied* by the schools. Thus, while learning theory suggests that behavior is influenced by environmental contingencies, and that changes in the environment will alter behavior, techniques derived from this model have nevertheless tended to focus again on the individual child as the source of the "problem." That is, typical techniques, as we will see in a later section, tend to center around such efforts as reducing out-of-seat behavior, or increasing the number of "correct" answers a child produces on a test; just as easily (and this is being done in some instances), the behavior of the teacher, or school principal, could be modified or altered. Ecological and sociological models tend to insist more readily at the outset on the necessity for examining the attitudinal and behavioral norms by which emotional disturbance or social maladjustment are defined and/or perpetuated by the school system.

To summarize, mental retardation has generally been conceptualized in two ways. The first, most prevalent in the public schools, considers retardation as consisting of a "defect in" or "deficit" in the individual child. The handicap may be attributed to biological factors such as poor nutrition, or to genetic causes such as innate deficiencies, or to socio-cultural variables such as "cultural deprivation." These sub-theories are not mutually exclusive, but they all locate the source of the problem "within" the child.

On the other hand, social system theory has tended to emphasize the cultural criteria by which public schools label children, pointing especially to the standardized IQ measures as culturally and racially biased. This view argues essentially that the defect or deficit is not in the child but in the disparity or clash between widely divergent cultures. A synthesis of these positions offered by MacMillan (1971) appears to have much value in this area. He suggested that no one model can adequately deal with these issues, and that minority group children for several distinct reasons may be apt to fall under the label of mentally retarded. It is important to note that this discussion has focused exclusively on children generally thought of as in the EMR range. All researchers in this area have been quite explicit in pointing out the inapplicability of generalizing their arguments to children who are labeled mentally retarded due to manifest and serious neurological abnormalities.

In the area of emotional disturbance, psychodynamic and medical models have tended to localize the source of the problem as lying essentially "within" the child, with learning theory, sociological and ecological models stressing a more interactive approach between individual and environment. Of this latter conceptual group, learning theory has been gaining increasing prominence in the schools. However, techniques derived from it have apparently continued the same emphasis on altering behavior in the individual child rather than in the power agents or basic operating patterns in the public schools.

The recent creation of a new category of scholastic or behavioral deviance, that of learning disabilities, has generated additional controversy. Some special educators have suggested that some children previously considered mentally retarded or emotionally disturbed by the public schools ought to be viewed in a different light; that is, as possessing specific developmental disorders in learning. Dunn (cited in McDonald, 1968, p. 379) has taken this position. Others have sought to maintain existing definitions of mental retardation and emotional disturbance by establishing differential criteria for the learning disabilities label. Thus, Bateman (1965, p. 220) stated:

> Children who have learning disabilities are those who manifest an educationally significant discrepancy between their estimated intellectual potential and actual level of performance related to basic disorders in the learning processes, which may or may not be accompanied by demonstrable central nervous system dysfunction, *and which are not secondary to generalized mental retardation, educational or cultural deprivation, severe emotional disturbance, or sensory loss.* (emphasis added)

Some special educators have even sought to differentiate the term "learning disorders" (used above by Bateman) as another category, distinct from that of "learning disabilities." In a discussion of changing conceptual models, McCarthy (in Hammill and Bartel, 1971, p. 13) noted that

> as we look at the trends in definitions, it becomes apparent that the early medical emphasis is being replaced with an educational emphasis. The early emphasis on etiology is being replaced by an emphasis on remediation.

Hallahan and Cruickshank (1973) also referred to the shift in focus from a medical to a multi-disciplinary approach.

McCarthy in the same article went on to comment that the most widely accepted definitions of learning disabilities have two main concepts in common: the "inact" clause and the "discrepancy" clause. The "inact" clause suggests that the child in this category is basically neurologically sound, with the disability of a specific rather than global nature. The "discrepancy" clause suggests that there is a significant difference in the estimated intellectual potential of the child and what he/she has actually learned.

There are currently many theories of learning disabilities and many teaching strategies which flow from them. Lerner (1971) provided the following taxonomy of conceptual models, with their chief exponents: a) the Visumotor Theory (Getman); b) the Perceptual-Motor Theory (Kephart); c) the Movigenic Theory (Barsch); and d) the Patterning Theory of Neurological Organization (Doman and Delecato).

McCarthy and McCarthy (1969) offered a similar outline of major approaches in this field. They noted: a) Perceptual-Motor Approaches (Strauss and Lehtinen, Kephart, Barsch); b) Developmental Approaches in Visual Perception (Frostig, Fitzhugh and Fitzhugh, Getman); c) the Neurological Approach (Delecato); d) Linguistic Approaches (Orton, Bateman, Wiseman); e) Diagnostic-Remedial Approaches in Basic School Subjects (Fernald, Otto, and McMenemy).

In Section VI of this paper we will briefly examine some of these models with respect to their application in educational techniques. In the context of discussions in this section, it is important to note that all of these approaches to learning disabilities are based on the view that the disorder lies decidedly "within" the child, whether the specific locus be in the central nervous system, the brain or elsewhere. Indeed, while first research and conceptual efforts in this field were medically oriented, the growing interest in education of children in this category has not caused any basic etiological theory to be abandoned. All the major definitions at present (that of the ACLD, the National Advisory Committees on Handicapped Children, and Congressional legislation) clearly rule out explicitly environmental or social causes for this category of childhood exceptionality (see definitions cited in Section I). In this regard, while there are strong differences in the particular etiological or educational approach favored by professionals within this field, by common and near-universal agreement, the child who accurately receives this categorization is one who manifests specific, internally-induced learning problems. Exponents from the various schools within the field readily recognize that scholastic difficulties in the child may be the result of a host of factors. They also recognize that some children whose school difficulties stem from environmental or social influences, or indeed from more global physical defects, may be mislabeled into this category. But as this particular subgroup of childhood exceptionality has come to be conceptually viewed and defined legally, it refers to children whose intellectual problems are internally and neurologically based.

V. SPECIAL EDUCATION PERSONNEL

In general, special training in working with emotionally disturbed socially maladjusted or mentally retarded children is not included in the credentials of regular public school personnel. Melcher (1972, pp. 548-549) noted that

> . . . a majority of classroom teachers have had little or no academic or practical experience in the education of the handicapped. In Wisconsin, for example, not 1 of the 33 college programs for future elementary or secondary school teachers requires even a single survey course pertaining to the needs and education of handicapped children.

Bullock (1970) observed that in none of the fifty states, the District of Columbia, or Puerto Rico were regular school administrators required to have any coursework in the sphere of special education. He found that in a representative, large midwestern city school district, 65 per cent of the elementary school administrators had had no previous course-work related to the education of the exceptional child, and that 90 per cent of the administrators had had less than two courses in this area.

Cormany (1970) noted that school guidance counselors appeared to have had little involvement with exceptional children, finding in a careful survey of the major education and counseling journals over a decade only ten articles that dealt with special education students and their relation to counselors' work. Hansen (1971) noted a similar lack of involvement, which he attributed to the fact that most school counselors have nothing in their education to prepare them for work with disabled students, and therefore tend to avoid working with them (p. 69). He observed that "The special education teacher is prepared best to teach, but in most systems he also assumes the duties of guidance worker, counselor, recreation director, and social worker for the exceptional child (p. 69)."

Given, then, that in most school systems neither the regular classroom teacher nor the administrator(s), nor the guidance worker or counselor has been trained to work with children viewed as emotionally disturbed or mentally retarded, who has been trusted with this responsibility? Most commonly, three individuals may be involved: a) the special education administrator; b) the special education teacher, and c) the school psychologist.

The Special Education Administrator

A comprehensive study of the position of special educational administrator in local school districts in all fifty states was conducted by Marro and Kohl (1972). Their sample criteria were that the person in this role a) administered three or more areas of exceptionality, and b) that he/she spent 50 per cent or more of his/her time in matters pertaining to administration and supervision. In summary form they reported:

1. *Sex.* Nearly ¾ of special education administrators were men. Even more significantly, "in the comparison between sex and the highest degree obtained, men have attained higher levels than women and the ratio becomes increasingly more divergent in favor of men as the degree status increases (p. 6)."

2. *Age.* The position is filled by relatively young educators, with the mean age 44, and about 54 per cent in the bracket of 39 to 49.

3. *Age when appointed.* Four out of ten were under 35 years of age, five out of ten were between 35 and 49, and only one of ten first reached this position when over 49 years of age. Rhodes (personal communication, 1973) has noted that as individuals in this position become upwardly mobile, they tend to move out of the field into generally higher-paying and higher-status roles such as school superintendent.

4. *Position held immediately prior to first appointment as special education administrator:* school psychologist—17 per cent; teacher of the mentally retarded—15 per cent; principal—13 per cent; teacher other than of mentally retarded—15 per cent.

   Rhodes (personal communication, 1973) also noted that individuals from lower level administrative roles come to occupy this position, perhaps again reflecting the generally lower-status and lower-paying nature of this school system function.

5. *Certification.* Practices were found to vary widely from state to state. Only 32 per cent of respondents in the Marro and Kohl study indicated they had achieved a separate credential called, "The Special Education Administrator's Certificate."

6. *Professional role.* Individuals in this position tended to be mainly involved with the planning and organization of special educational programs, as well as with budgetary considerations.

Newman (1970), in a random selection of school districts with student populations between 13,000 and 30,000, found that seven per cent of these districts did not have a separate position of special education administrator. Among those that did, there was a direct relationship between the training of the administrator and his actual concerns. Those who had received formal training in education of exceptional children tended to be more involved in such matters as curriculum planning, directing in-service meetings and workshops, and the evaluation of special education teachers. The placement of children into special classes was the most often reported task of the special education administrator, with the directing and planning of in-service meetings and workshops as the second most performed function.

In turning to the crucial issue of previous experience of those in this role, Marro and Kohn found that only about 40 per cent had had internship work (a continuous period of time spent in actual administration under direct supervision). Of those who had such experience, 32 per cent had served approximately six months and 27 per cent had served three months; only about 12 per cent of the special education administrators surveyed had had as *much* as a year of previous supervised experience in this capacity.

Henley (1970, pp. 276-277) reviewed the field experience requirements in 1968-69 in seventeen colleges and universities designated to prepare special education administrators which were supported by United States Office of Education fellowship grants. While all programs considered the field experience to be an integral part of their students' preparation, no universal agreement was found concerning the specific aspects of the activity held most important. Henley noted:

> At the present time there is much divergence among the 17 universities from which data is available with regard to the terminology, definition, and philosophy of the field placement program. The total amount of time required in field placement, for example, ranges from 90 clock hours for one program to 1,590 for another. Six university programs require a full year internship experience, with the remaining programs requiring less. The total number of field placements which are utilized per student ranges from one to as high as eight.

In general, the position of special education administrator tends to be found in middle-sized and larger school systems. Marro and Kohl (1972, p. 11) noted that

> the size of the school district is of major significance since the smaller school districts do not have population, sufficient tax base, and other resources to provide total specialized programming. Few special education administrators were hired by school districts with less than an average of 3,000 pupils.

Most states do not require special credentials or skills for this role, and indeed, most individuals who occupy this position have not had specific training or experience in the area of special education instruction or administration. The main task of the special education administrator is to oversee the special programs which exist in the school district, particularly with regard to structural planning and financial organization of these programs.

The School Psychologist

Historically, the position of school psychologist developed from the need of public schools to have trained personnel administer the newly-created standardized intelligence tests (c. 1917-1921), and the functions of this role have not changed very much since. As noted earlier in the section on labeling and placement, the school psychologist's main duties are to conduct standardized tests on individual children and to make recommendations to the school administrator based on this assessment.

In a survey of graduate training programs, Cardon and French (1968-1969) found that 77 colleges and universities in the United States prepared school psychologists. The median age for these programs was seven years, with training differentiated at three levels: master's, intermediate (e.g., specialist degree, certificate of advanced graduate study) and the doctorate.

Of these schools, 70 awarded the master's degree, 31 the intermediate, and 53 the Ph.D., with 16 offering all three. Fifty-two of the programs involved interdisciplinary programming and staffing, with 30 of the 52 drawing primarily upon two departments, usually psychology and education, or psychology and educational psychology. In all interdepartmental programs, psychology was most often represented (94 per cent), followed by education (69 per cent), and then educational psychology (42 per cent).

Field work usually centers around the training of the student in the administration and evaluation of basic standardized tests. Eighty-one per cent of the colleges and universities offering preparation in school psychology met or surpassed American Psychological Association (APA) Division 16 (1963) Committee on Training Standards and Certification recommendations, in providing for 515 or more clock hours of supervised activity (e.g., approximately a year of half-time work).

Bersoff (1971) reported that in about twenty states school psychology is under the jurisdiction of Divisions of Special Education within state Departments of Special Education. The main reason for this, he suggested, was that exceptional children, estimated at fifteen per cent of the total school population, occupy the primary attention of the school psychologist. And, as noted earlier, the purpose of this attention is almost solely to evaluate the individual child for possible referral into special school structures. Bersoff stated that, "Unfortunately, more often than we'd like to see, an evaluation is done merely to obtain a score that then leads to a child's removal from a regular classroom (p. 58);" he went on to decry that

> when graduate programs are constructed to conform to state certification requirements, the major course requirements are usually in the area of testing, again serving to perpetuate the traditional role (p. 59).

This traditional role has come under mounting criticism in recent years, increasingly from the overburdened school psychologists themselves. Sabatio (1972) conceptualized the role as one of "gatekeeper" between regular and special education, and argued that, situated ambiguously between the two fields, the school psychologist was not directly involved with either one. He observed,

> It seems that the school psychologist persists in placing children into special education with little regard for their educational planning. In his role as gatekeeper, he communicates very little with either the world of regular or special education (p. 99).

In a similar vein, Forness (1972, p. 122) has noted:

> The traditional role of school psychologist, unfortunately, has centered around individual testing. He is rarely expected to visit the classroom and when he does, his training

> has rarely prepared him to make practical suggestions on curriculum and classroom management. In addition, the system under which a school psychologist operates dictates that he spend considerable time testing individual children to determine their eligibility in special class placement.

Certification is by states and in recent years the trend has been toward higher accreditation so that in more well-funded and consequently higher-paying school districts, the position is generally held by those with the Ph.D. More commonly, the role is about evenly distributed among those with the specialist's and the master's degree.

To summarize, the graduate training of the school psychologist has tended to center about the administration of standardized tests, with coursework predominantly in education and psychology, or education and educational psychology. This training reflects the primary concern of the school psychologist, which has often been, to borrow the phrase of Silberberg and Silberberg (1971), "piecework," involving going from school to school within the district (or, in the case of inter-district sharing, from district to district) to conduct an approximately one hour evaluation on an individual child, and then make recommendations based on that evaluation to the school administrator.

The Special Education Teacher

The teacher of the emotionally disturbed. Reflecting the relative newness of this field, state certification requirements are in a process of flux. Scheuer (1966) reported in a survey of the 50 states, Washington D. C., Guam, Puerto Rico, and the Canal Zone that 54 per cent of these units had no requirements for this position, although eighteen had plans under consideration. At the time, sixteen of the 40 localities which provided for special classes for emotionally disturbed had no particular teacher certification requirements for them.

Abelson and Fleury (1972) provided a state-by-state listing of requirements for teachers of the handicapped. Regarding the teaching of the emotionally disturbed, Michigan requires 30 specialized credit-hours at the master's level, including a student-teaching practicum with the emotionally disturbed, in addition to a regular education certificate; states such as Mississippi, Arkansas or Wyoming, however, require no further specialization beyond the Special Education Certificate.

At the university level, 57 training institutions were found to train teachers specifically for work with the emotionally disturbed or socially maladjusted (Scheuer, 1966). Tompkins (1969) outlined major deficiencies in this area: a) a shortage of training locations proximate to colleges or universities was found, especially fieldwork opportunities in public school settings, where presumably most personnel in this field will work. He noted, "Teacher training institutions and public school facilities often are not coordinated with each other (p. 108);" b) a critical shortage in doctoral level training was found; and c) there was a general lack of attention to emotionally disturbed children at the secondary level. In examining teacher preparation for the teaching of the emotionally disturbed, he concluded that:

> We have been somewhat remiss in exploring the possibilities for improving the education of disturbed children through strategies other than the special class and teacher training in settings other than colleges and universities (p. 109).

In the training of special teachers for the emotionally disturbed, usually a specified curriculum and at least one practicum experience are involved. Gersh and Nagle (1969) examined, via structured interviews, the attitudes of teachers and administrators of special programs for the disturbed in Michigan, considered to be one of the most progressive states in this field (Morse, 1966). It was generally felt by the graduates of these training programs that a greater curricular emphasis on educational diagnosis and remedial reading would have proven an asset. Field experience was held to be limited and did not provide sufficient training with normal and mentally retarded children. In general, it was suggested that more extensive and varied practicum experience, combined with more programatically-oriented special educational course-work would be most helpful.

Special teachers for the mentally retarded. This branch of the teaching profession has been in formal existence for a great deal longer than that of teachers of the emotionally disturbed/socially maladjusted. Growth, however, until the post-World War II era was slow, and from 1954 to 1962 there was a twofold increase in the number of higher institutions offering at least a minimum sequence of preparation for teachers of mentally retarded children; the total number reported in 1962 was 84. Approximately 34,000 teachers were employed by 1969 in public and residential schools for the retarded.

Certification standards, as in the case of teachers of the disturbed, show little uniformity from state to state. In some cases, previous teaching experience in the regular classroom is required; in other states it is not. In general, certification requirements for this specialization are more explicit and prescribed than for teachers of emotionally disturbed/socially maladjusted, perhaps reflecting greater involvement at the state level with this category of exceptional child. Thus, while by 1956, 46 states had enacted provisions to provide, at least on a permissive basis, the establishment of special school programs for the educable mentally retarded, only fifteen had such provisions for the socially/emotionally disturbed.

As with teacher preparation for the emotionally disturbed, the trainees typically engage in a specified curriculum and one or more practicum experiences. Even in states where separate certificates exist for these two professions, the mentally retarded and the disturbed, coursework often overlaps, and the distinguishing feature in training is largely in the nature of the field work.

Evans and Apffel (1968), in a review of educational procedures for the TMR, have noted a growing emphasis on providing teacher trainees with highly specific teaching techniques. Special teacher training for this group of children, when it has been differentiated from EMR teacher preparation, has been oriented toward remediation of sensory, motor and language handicaps and the teaching of specific self-care skills. This is contrasted somewhat with teacher preparation for the EMR and emotionally disturbed, in which traditional school subject matter, such as reading and mathematics, have been stressed.

VI. EDUCATIONAL PROGRAMS AND FACILITIES

The Emotionally Disturbed/Socially Maladjusted

Until the 1960's, the most common educational structure for children in either of these categories was some form of segregation from "normals," either by separate schools, such as the formerly titled "600" schools in New York City, or else the self-contained class within the regular school building. More recently, the trend has been toward integration for at least part of the day of the disturbed child within the regular school. Thus, several relatively new educational arrangements have been developed and implemented. However, as Glavin and Quay (1969), Hirshoren *et al.* (1970) and others have observed, efficacy studies in this area have been notably lacking. Glavin and Quay, for instance, commented:

> The usual pattern has been to place a teacher in charge of a self-contained class similar to that for other types of exceptional children (p.93).

and that

> Educational approaches such as teacher assistants, crisis or helping teachers, and the recently popular concept of the resource room have all been described at length in the literature but no substantive research has yet been reported (p. 91).

Pate (in Dunn, 1963) described basic treatment programs for the emotionally disturbed as comprising 1) privately and publicly sponsored day schools, generally for severely disturbed or pre-school; 2) special classes in residential psychiatric centers; 3) special classes in out-patient mental health units, and 4) special classes within the regular public school.

In general, state departments of education are only involved in the second and fourth categories, with departments of mental health or rehabilitation administratively responsible for psychiatric school programs for the emotionally disturbed. Furthermore, until recently, with the advent of law suits against the schools, in part initiated by parent-interest groups, the more severely disturbed (e.g., autistic) children have been excluded from public school attendance.

Various kinds of educational programs for mildly disturbed or behaviorally disruptive and defiant children have thus been initiated into the public schools. The most common arrangements have been:

1. *The self-contained class,* usually similar in operation to the regular classes, with a reduced pupil-teacher ratio of about one to ten;

2. *The separate day-school,* which, in general, had its inception prior to 1920 (Dunn, 1963) and has not been encouraged in recent years, as the impetus has been toward integration of the disturbed child within the regular public school;

3. *Resource room,* a structure which has been increasingly utilized by the schools. The child attends regular class(es) for most of the day, and is referred to a specially designed classroom for more individualized instruction, either on a one-to-one or small-group basis. The teacher in some states is specially certified; in others he is not;

4. *Itinerant specialist,* a traveling teacher goes to the child's school on a regular basis and provides special assistance to the child. The itinerant teacher may also work as a consultant with the child's regular teacher(s);

5. *Crisis teacher, helping teacher,* similar in many ways to the resource room. In some school systems, one classroom is designated as a "crisis center," in which usually a specially

> trained teacher is available to handle short-term emotional flare-ups of children in the school. The "crisis" classroom generally does not have the long-term educational functions of the resource room though terms are sometimes used interchangeably. The "helping" role refers to the resource room teacher, or less commonly, the crisis classroom situation.

In a comprehensive national survey of public school programs for the socially maladjusted emotionally disturbed, Hirshoren *et al.* (1970, p. 35) reported that

> The general picture in the United States shows that the vast majority of educational programs and services available to emotionally disturbed children are provided on a permissive basis. It is interesting to note that eight states also mandate payment by public schools for private school services, when, at the same time, nine states prohibit by law or regulation such payment. This lack of agreement can also be seen in the relatively large numbers indicating that particular programs are not dealt with in law or regulation, has more states included than the mandatory category in all but one case, that of special class programs.
>
> The special class appears to be the most frequently mentioned educational procedure for educating emotionally disturbed children, followed by the resource room and homebound instruction.

Table I reproduces their findings on the most characteristic educational services provided for these children by the different states. *(See next page.)*

Educable Mentally Retarded

Public school involvement with children viewed as mildly retarded has traditionally relied on the separate school or separate class. While other arrangements, such as the employment of resource room teachers or itinerant teachers have been on the increase, the self-contained class remains the most widely used educational program.

In terms of structural characteristics, these special classrooms are basically the same as for regular classes, though they are often located in the furthest recesses of the school building, such as the basement. The pupil-teacher ratio is usually about one-half of that of the regular class, and is often legally set by the state. In very small school systems, children of varying ages may be placed in one ungraded class; more frequently, children in the EMR category are, as in the regular classes, homogenously grouped according to chronological age.

Another educational program utilized for EMR children, and one increasingly used by the schools, is the resource room. Barksdale and Atkinson (1971), for instance, noted a growing trend away from the self-contained class, and described a three-year pilot project begun in 1967 in Atlanta, Georgia. In the prototypic structure, which has begun to appear in many other school systems, the child remains with his regular class and is scheduled to the resource room for part of the day. Varying according to the needs of the child and the administrative pattern of the school, the EMR pupil may receive instruction in the resource room for as little as an hour, or as much as half the school day. In this special classroom, the teacher is generally certified to teach the mentally retarded, and instruction is provided either on a one-to-one basis or in small groups of three or four. Remedial speech, reading and arithmetic are usually stressed in the resource room. The goal of this arrangement is to provide the child with the special instruction he needs, yet to allow him to remain integrated with his peers in the regular school community.

Bruininks and Rynders (1971) observed that approximately 90 per cent of retarded children in special educational programs received instruction solely in self-contained classes and stated that:

> While the number of retarded children served by other organizational arrangements has undoubtedly increased since 1963, the self-contained classroom has continued to be the predominant pattern in special education for serving EMR children (p. 1).

TABLE I. SURVEY OF PUBLIC SCHOOL PROGRAMS

PROGRAM	REQUIRED (i.e., MANDATORY BY LAW OR REGULATION)	AUTHORIZED OR PERMITTED	PROHIBITED	NOT DEALT WITH IN LAW OR REGULATION	NO ANSWER
Special Class Program	9	38		1	3
Resource Room Program	2	38		5	7
Crisis Intervention	1	29		12	9
Itinerant Teacher Program	1	32		9	9
Academic Tutoring	1	25		15	10
Homebound Instruction	3	35	3	5	5
Guidance Counselor	1	34		7	9
School Social Worker	2	31		9	9
Psychotherapy by School Psychologist	1	20	2	18	10
Psychiatric Consultation	4	28		10	9
Public School Transportation To Non-School Agency: E.g., Mental Health Clinic	4	15	7	16	9
Payment By Public School For Private School	8	15	9	10	9

(From Hirshoren et al., 1970, p.30)

The authors described recent alternatives or innovations in educational programs for the EMR, in which, commonly, the child receives special instruction for part of the school day, either in a resource room within the regular school building, or at a special "learning center" available to all schools within the district.

TABLE II. SELECTED POSITIONS ON SPECIAL CLASS PLACEMENT FOR EMR CHILDREN

PROS

1. Research evidence indicates that mentally retarded children in regular classrooms are usually rejected by more able classroom peers.
2. Mentally retarded children in regular classrooms experience loss of self-esteem because of their inability to compete with more able classroom peers.
3. It is logically absurd to assign children to instruction without considering differences in ability or achievement levels.
4. Evidence on the efficacy of special classes is inconclusive since most studies possess significant flaws in research design.
5. Criticisms of special classes are based ostensibly upon examples of poorly implemented programs.
6. The alternatives to present practices are less desirable and would lead to a return to social promotion as an approach to dealing with mildly retarded children.
7. Properly implemented special classes are optimally suited to deal with the major learning problems of retarded children.
8. Special class arrangements should not be unfairly indicted for mistakes in diagnosis and placement.
9. A democratic philosophy of education does not dictate that all children have the same educational experiences, but that all children receive an equal opportunity to learn according to their individual needs and abilities.

CONS

1. Special class placement isolates retarded child from normal classroom peers.
2. Special class placement results in stigmatizing the retarded child, resulting in a loss of self-esteem and lowered acceptance by other children.
3. There is little evidence to support the practice of ability grouping for retarded or normal children.
4. Mildly retarded children make as much or more academic progress in regular classrooms as they do in special classrooms.
5. There is little point in investing further energy in improving special classes, since this arrangement poorly serves the social and educational needs of children.
6. Other more flexible administrative and curricular arrangements should be developed to supplement or supplant special classes.
7. Special class arrangements inappropriately place the responsibility for academic failure on children rather than upon schools and teachers.
8. The very existence of special classes encourages the misplacement of many children, particularly children from minority groups.
9. Special class placement is inconsistent with the tenets of a democratic philosophy of education because it isolates retarded from normal children, and vice versa.

(From Bruininks and Rynders, 1971, p. 3)

These alternatives, along with the suggestion that EMR children be educated wholly within the regular classes (presently a rare occurrence once a child is labeled), have been the subject of a great deal of controversy in recent years. Johnson (1969) described present school operating patterns for the EMR:

> The question of whether to separate retarded children from normal children in schools remains a controversial issue . . . Positions on this issue vary from segregation into special schools devoted entirely to retarded students to complete integration of retarded students into normal classes . . . Intermediate strategies are more prevalent, and generally consist of operating special classes within a public school. Frequently, retarded students are segregated into special classes for certain facets of the curriculum (usually "academic" subjects) while they are integrated into normal classes for other aspects of the curriculum such as physical education and arts and crafts. Tutors or other specialized staff may supplement the regular classes (p. 56).

The author went on to summarize some of the basic arguments on either side of the segregation versus integration issue:

> Arguments favoring segregation include: (a) it facilitates homogeneous groupings of students with similar disabilities and needs; (b) it allows development of specialized staffs and resources; (c) it offers opportunities for training specialized personnel; (d) it facilitates individualizing special problems; (e) it increases program visibility; (f) it allows development of supportive services and programs; and (g) it improves students' self-esteem by decreasing the frequency of failure experiences.
>
> Arguments supporting integration include: (a) it harmonizes with the principle of normalization by including the retarded in the mainstream of life; (b) it encourages use of generic services; (c) it facilitates generalizing from the classroom situation to other situations; (d) it improves students' self-image by not stigmatizing them as being "special" or "different;" (e) it minimizes the danger of self-fulfilling prophecies derived from labeling and segregating students into classes with limited goals; (f) it is less expensive than specialized services; and it generally allows for wider geographic distribution of services and hence greater accessibility.

There has been a great deal of ink shed over the issue of what educational program is most appropriate for the children, largely of minority groups, who generally exhibit no physical abnormalities yet whose intellectual functioning is below the normal IQ range. Dunn's article in 1968 is perhaps already a classic in this regard, questioning the labeling and segregation of these children. Literally dozens of rebuttals, qualifications, and expansions upon the themes he raised have since appeared. Bruininks and Rynders (1971) summarized the basic positions in this area. Table II produces their own review of these issues.

The Learning Disabled

In the recent growth of public school services for children diagnosed in this category, three types of educational programs have emerged as most typical. These are the following.

1. *The self-contained class* is by far the least frequent arrangement for such children. McCarthy and McCarthy (1969) estimated that probably less than one per cent of this population is placed in self-contained classrooms.

2. *The resource room*, as with educational facilities for the emotionally disturbed and the mentally retarded, is increasingly relied upon by the public schools. Developmentally learning disabled children attend the special room for varying hours of the day, depending upon individual needs; they remain in the regular classroom for the periods in which they benefit from regular instruction. As Johnson and Mykelbust (1967) have noted, the maximum case load for teachers is approximately twenty, with some school districts restricting the number to ten, so that all children may receive individual attention. The

resource room sometimes is subdivided into a suite of small rooms to allow children to work individually with media-remedial materials or assignments.

3. *The itinerant teacher program* is the most common educational structure for this population. Usually the teacher, traveling from school to school within the district, works both with individual children and small groups. Roos (1970) and Johnson and Myklebust (1967) observed that normally fewer children are seen than with the resource room teacher since time is spent in transportation from one school to another. Speech correctionists, reading specialists, and physical therapists are among the itinerant personnel who work with this category of children.

Trainable Mentally Retarded

Educational structures for the TMR usually take one of three forms: residential facilities, either private or public (e.g., state hospitals), special public school day-centers, and of most recent development, special classes within the regular public schools.

The issue of which of these arrangements is most appropriate for the TMR child has been a heated one in recent years. Until the early 1950's, children in this category were legally barred from most public school systems in the United States, a situation that was changed largely by the efforts of parent-interest groups, such as the National Association for Retarded Children (NARC). In 1950, as Evans and Apffel (1968) have noted, not one state had laws specifically encouraging local school districts to provide services for trainables. By 1963, however, eleven states had established mandatory legislation and 35 had established permissive legislation concerning educational provision for these children.

Before the establishment of groups such as NARC, when public education was available to the TMR child, it was almost solely in the form of residential treatment, involving the removal of the child from the community. Kirk (1962, p. 28) observed:

> These institutions are sometimes privately administered but usually administered by a state agency other than that of education. Historically, residential schools are the oldest educational provision for exceptional children. They tended to be built away from population centers and to become too often segregated, sheltered asylums with little community contact.

The national trend has definitely been away from this educational arrangement, spurred in large measure by law suits brought against the public schools by parent groups. In some areas of the country there has been a steady impetus toward day-care centers for trainables. These programs, like the residential structures, generally operate independently of the public schools; for instance, they are often funded and directed out of state departments of mental health or rehabilitation. Also increasing in number are sheltered workshops, which are vocationally-oriented rehabilitation facilities. These are designed to provide adolescent and adult TMR's with skills that will enable them to function in a controlled environment within the regular community. Since 1954, federal funds have been involved in such workshop programs.

The most recent and energetic trend in this area has been the impetus toward the creation of classes for the TMR within the regular public schools. Brown and Sontag (1972, pp. 13-14) commented:

> It can be assumed that within the next five to ten years public school programs for trainable level retarded students will be in existence in almost every school district in the U.S., primarily because there will be:

1) continued pressure by the NARC and its local affiliates on legislative bodies and local school boards;

2) litigation and judicial interpretations that make education the legal right of all children in the United States;

3) a shift in federal funding priorities to more severely and multiply handicapped children;

4) a lack of space in, expense of, and the growing intolerance for large multiple failure residential institutions.

The author concluded that,

> Whether or not trainable level retarded students should not be enrolled in public school programs or should or should not be placed in residential facilities is no longer the question. These students will be enrolled in public schools, and in adulthood, will remain in the community (p. 14).

VII. PSYCHO-EDUCATIONAL CONTENT OF PROGRAMS

The Emotionally Disturbed

Public schools, in dealing with children viewed as emotionally disturbed/socially maladjusted, have tended to utilize three main structural arrangements: self-contained classes, resource rooms, and day-treatment facilities. What kinds of psychological and educational practices have characterized these arrangements?

Long *et al.* (1971), in an abridgement of some of the findings of Morse *et al.* (1964), outlined several operating styles in these programs. They included the following:

1. "*Psychiatric dynamic.*" Major emphasis on psycho-dynamic therapy. Individual therapy with the child was required or expected, with parental therapy stressed. Educational aspects were secondary.
2. "*Psycho-educational.*" Psychiatric and educational emphases were of equal importance. Educational decisions were made with a consideration of underlying disturbance in the child.
3. "*Psychological behavioral.*" These programs were systematically based on learning theory, with emphasis on changing symptomatic responses through specific remedial techniques.
4. "*Educational.*" Emphasis was placed on traditional classroom methodology such as routine drills and work books. The atmosphere was non-hostile, but geared toward control of pupils.
5. "*Naturalistic.*" The class style and atmosphere tended to reflect the spontaneous, frequently *ad hoc* style of the teacher. The teacher interaction was pervasive in an atheoretical way.
6. "*Primitive.*" A "law-'n-order" approach; control was rigidly maintained for its own sake with a primary emphasis on classroom order.
7. "*Chaotic.*" The term used to describe programs in which impulsive behavior of the children continually erupted, with a minumum of classroom stability. It was hypothesized that this pattern may have reflected a belief in the therapy of permissiveness, or may have been an indication of educational breakdown and inability to cope with the children.

In most classroom arrangements for the emotionally disturbed such as those reviewed by Morse *et al.*, the teacher has with him/her a relatively small number of pupils, usually about ten. Generally, educational content of these classes, be they self-contained or resource rooms, is similar to that of the regular grades, with somewhat more individualized attention given to the child. There may be a greater abundance of instructional materials or educational technology available to the teacher, but this is not always the case. Generally, instructional materials are adapted from the regular grades.

McNeil (1969) noted that two main theoretical approaches have in recent years characterized special educational programs for the emotionally disturbed: these have been derived from either a) learning theory or b) psychodynamics. Neither approach, he maintained, utilized instructional materials in other than ordinary ways with these children. He wrote:

> Proponents of each method have attempted to operationalize the nature of their interventions according to assumptions concerning the genesis of pathology and concomitant goals for health or adaptive behavior. However, development and utilization of instructional materials have not necessarily followed from these assumptions, making it difficult to design and evaluate differential contributions. For example, those practitioners who derive their interventions from learning theory tend to emphasize specific behavioral objectives in the careful planning of the classroom structure and reward contingencies. Often the materials available in these classrooms are impressive, but little attention is given, in a specific way, to the manner in which different materials might contribute to structure for an individual child (p. 2).

McNeil went on to describe the other main intervention pattern in the education of the emotionally disturbed:

> Another common approach to working with disturbed children tends to focus more on psycho-dynamic aspects of classroom interactions between children and teacher. In this setting, relatively more emphasis may be placed on the child's self concept, his ability to relate positively with his peers, and his growth in more accurate perceptions of the nature of the social situation in which he is involved (p. 2).

He concluded, however, that despite their theoretical differences, educational materials in both sets of interventions were often identical, and generally in neither case were these materials created specifically for use with disturbed children.

A typical class founded on psychodynamic principles usually involves an individualized curriculum for the child and an emphasis on the teacher-child interaction. According to Morse (in Morse *et al.*, 1964), "a primary-goal is to develop pupil-teacher rapport and to restore pleasure in learning (p. 332)." Specific teaching tools and materials are subordinate to the teacher's perceptions of the child's moods. Careful attention is given to improving the child's self-concept and in understanding influences on the child's personality (e.g., family dynamics).

In the behavioral classroom, a token economy program may be established. In these cases, the child is rewarded with tokens for behavior seen as adaptive by the teacher (e.g., completing an arithmetic problem successfully, or remaining in one's seat during a lesson), with the tokens to be exchanged for concrete prizes when they have reached appropriate levels. The teacher-child relationship is viewed in terms of social reinforcement, with the primary emphasis on the teacher consciously rewarding the child (e.g., with verbal praise or a smile) for desired behavior.

An offshoot of intervention derived from learning theory has been the "engineered classroom" approach developed by Hewett (1968). In this system, a developmental sequence of educational goals is established, designed to replace what is seen as "the second hand framework borrowed from disciplines of medicine, psychiatry, clinical psychology, and neurology which essentially have no educational significance (p. 43)." This sequence involves a step-by-step progression from what is regarded as the most rudimentary ability in learning — attention — through the successful mastery of basic school competencies. At each stage, the child is given somewhat more difficult tasks, with positive reinforcement given in the form of teacher check marks on a pupil's record cards. As in token economy situations, the completed cards are exchanged for various prizes the child may choose, such as candy or free time.

These kinds of interventions are representative of the most widely used theoretical models for teaching emotionally disturbed or socially maladjusted children. However, in many instances, strategies overlap or have been distilled into specific and atheoretical techniques by administrators and teachers. Perhaps some of these developments indicate, for whatever motives, a relative lack of concern among school personnel with loftier theoretical conceptualizations, and an emphasis, instead, on what are perceived as practical classroom demands. In any event, the transformation of psychodynamic and learning theories into school-based interventions appears to involve such considerations as finances and staffing as well as more theoretical concerns.

The Educable Mentally Retarded

In general, as Love (1968) has pointed out, three approaches to curriculum have dominated educational content in special school programs for the educable mentally retarded. These three have been oriented to either arts and crafts, traditional academic matter, or the unit method.

At present, a mixture of the latter two approaches characterizes most instruction for EMR children. Love (1968, p. 129) suggested that

> Today, the academic matter oriented curriculum, generally, dominates the special class

> program. The preoccupation with reading, writing, and arithmetic is the result of the background of the special class teachers. Most of these teachers began as a regular classroom teacher where a high value was placed on academics.

The so-called unit method, developed by Ingram in the 1930's proposed that instructional themes be developed out of the life experiences of the children (e.g., the "Play House"). These themes would then be designed into separate units which would facilitate the learning of the mentally retarded child.

Both educational approaches have come under increasing criticism in recent years. After examining over 250 curriculums for the EMR, Simches and Bohn (cited p. 3 in Heiss and Mischio, 1971) declared most elementary school curriculums as "watered-down" versions of those for the regular classes. Heiss and Mischio (1971), discussing the unit method, noted that:

> Some of the limitations of the unit approach are the isolation of individual units, the lack of a developmental sequence of concepts and content, the regional specificity of the activities, and the lack of uniqueness of content for the problems of the retarded. The reliance on committees to write curriculum is another serious restriction since their members generally rely upon previous programs to supply the guidelines and content for new curriculum (p. 3).

They added that "curriculum development for the educable mentally retarded child is emerging from the dark ages (p. 1)." Love (1968) noted that:

> One of the criticisms of the unit has been that it lacks scope and sequence. This criticism indicates that the teacher does not know where she is going because there is no guideline from which to teach. Of course, as she teaches the basal reader there is a guideline for normal children, but this does not always apply for the mentally retarded child. It stands to reason that if we do not know the results we want at the end of the school process, then, we cannot teach to mold the child to a desired end (p. 130).

According to Brown (1968), most special classes for the EMR average less than fifteen pupils per teacher. Although it is assumed that curriculum content for the EMR is carefully planned with well-defined objectives and content to meet the unique needs of the child,

> There is considerable evidence that the foregoing assumed conditions regarding curriculum are in error. Although many curriculum guides for mentally retarded are similar in instructional objectives and content, the curricula are not unique or different from that of normal children. . . . Furthermore, sequence and scope appear to be lacking insofar as the total program for the mentally retarded is concerned (p. 14).

It is another question altogether, of course, whether instructional content for the EMR *should* be significantly different than that for normal children. However, concerning *present* public school practice educators have noted that educational content in these classes is not qualitatively different from that of the regular classes.

At the secondary level, as noted in the preceding section, vocational training is often stressed. Kokaska (1968) observed that:

> Although differences appear in the literature as to the amount of time that should be spent in work experience during the student's entire high school career, and its allotment over a three or four year program, there is complete agreement to the effect that the student is to participate in some form of evaluation, training, and work experience during his school career (p. 22).

In some intermediate and secondary programs for the EMR, there is a planned, increasing emphasis on vocational training, with the pupil to spend less and less time proportionally on academic subject matter. A major problem in this regard, however, has been that of relating vocational training in the school to real-life job-market demands and expectations. Cohen (1972), for instance, has contended:

> During the past decade, there has been an increasing emphasis on work study programs within the school. While some of these programs are well developed, well thought out, and well run, many others reflect some of the worst aspects of educational programming.

> In many cases, teachers simply do not have instruction, training or insight necessary to provide any really meaningful experience for these older students . . . what results is an academic curriculum with little content which can assist the student in his preparation for adult life . . . Students are assigned to home economics or industrial arts classes and this is called vocational training (p. 192).

It should, however, be stressed that as with youngsters labeled emotionally disturbed or socially maladjusted, the overwhelming majority of EMR children are not enrolled in school beyond the minimum legal age for leaving. Kokaska (1968) reported that in the 1965-1966 school year, only 4.6 per cent of the total number of high school districts in the United States conducted secondary classes for the educable mentally retarded, and these figures are probably even smaller when applied to school secondary programs for the emotionally disturbed.

The Trainable Mentally Retarded

Although there has been controversy on where the TMR should be taught (public school, community day program, or residential facility), there is generally more agreement on what this training should constitute. Evans and Apffel (1968) have noted:

> All texts and manuals written on the training of this group emphasize goals of competence in self-help skills such as eating, drinking, bathing, personal grooming . . . Many training programs, especially at the primary level, have stressed goals of physical fitness and development, correct walking and sitting posture, improved fine motor coordination, improved sensory and perceptual awareness.
>
> For teen-age and adult trainables there is general agreement that development of some spiritual values, improved emotional adjustment, self-expression, and skill in travelling about the community are acceptable goals. With these older groups there is always an emphasis on training in general habits (e.g., habits of promptness, neatness) and specific work skills which may enable persons in these groups to become economically useful or partially self-supporting by working in a sheltered environment. Skills in arts and crafts programs usually are taught as a step toward this vocational goal.
>
> Missing from most statements of goals is any emphasis on development of academic skills beyond rudimentary recognition of important signs (such as "Danger"), simple counting, and ability to print one's name and address. The traditional view in this regard is that a teacher should teach trainables 'useful' things needed for daily living and not waste time on academic topics (pp. 6-7).

Goldberg (1971), in a review of educational planning for the TMR, cited several studies which suggested that special classes for this group lacked truly effective curriculum content and teaching techniques, since it has been generally found that "The children in special classes did not make important amounts of progress . . . over and above the children who remained at home (p. 149)."

Daly (1966) reviewed the TMR program in the California public schools, among the most progressive in the nation. The maximum enrollment for any special class was legally set at twelve pupils per teacher, close to the national average of about ten per teacher reported by Evans and Apffel (1968).

Daly described instructional orientation in these classes (1966, pp. 114-115):

> The classrooms built for younger children generally incorporate areas for music, rhythyms, dancing, games, self-help, and self-care activities . . .
>
> Classrooms for older pupils are generally designed around a central facility which includes a kitchen, living and dining area, bed, laundry, and bathroom where the skills of daily living can be taught . . . The individual classroom for older pupils contains a number of the artifacts of daily living . . . enabling pupils to practice in their own classroom the skills they are learning in the central facility . . . . Fenced outdoor areas provide turf and blacktop surfaces where a developmental physical education program can be

organized and where skills in gardening, yard work, car washing, and care of pets can be developed.

At the post-primary level, there are fewer opportunities available for the TMR. In most cases, upon completion of the school's primary education program in the special class, the youth is left with no place to receive further educational or vocational training. Daly noted that despite seemingly innumberable professional panels and discussions on this problem, over 80 per cent of the graduates of special-class programs are at home and without access to sheltered workshops.

When such facilities as sheltered workshops are available, the TMR child has to demonstrate potential for successful achievement in these programs before he/she can be admitted. In accordance with the individual's abilities and related socio-economic variables, the successful TMR may achieve terminal placement in a sheltered workshop or receive employment as normal functioning members of the larger community.

The Learning Disabled

Based on the psychological, neurological and educational assessment of the child in this category, instructional efforts at remediation are implemented. At present, a wide variety of approaches exist, with the orientation of the local school a primary determinant of which method will be used. McCarthy and McCarthy (1969, p. 75) outlined two broad categories of educational approach:

1. *The process orientation* — attempts to identify the learning process responsible for the defective performance and apply remediation at this level, hoping for improvement in all tool subjects which rely on the adequate functioning of that learning process.
2. *The tool subject orientation* — attempts to develop techniques to teach a tool subject (e.g., reading, arithmetic) to children who have failed via methods in the regular school class. The *modus operandi* is to identify the specific areas of poor performance, and apply these specific remedial measures.

Both Lerner (1971) and McCarthy and McCarthy (1969) provide extensive material on current psycho-educational strategies for aiding the child diagnosed as possessing learning disabilities. Some of the major approaches currently employed in this field include:

Perceptual-motor approaches. *Strauss.* Educational efforts have been designed based on his landmark work with brain-injured children, those who manifested such traits as hyperactivity, distractibility, and perseveration. All extraneous sights and sounds are to be eliminated, with desks and other classroom furniture placed against walls or within an "office-like" arrangement. Principles of Gestalt psychology are used to create learning materials which highlight "figure" areas and employ color-cues to attract the child's attention. Drill is generally avoided because of the tendency of such children to automation and perseveration. The teaching of rhythm and manual training is also recommended. Controlled motor activity is considered important in engaging the child's attention, and is therefore encouraged in the learning situation.

Kephart. Derived in part from Strauss' research, Kephart's approach emphasizes the importance of the learning environment in aiding children with perceptual-motor abnormalities. The underlying concept is that the organism learns through feedback of perception and muscular response, and that "higher" intellectual functions such as memory and abstract reasoning depend on adequate performance of more basic skills. Specific instructions for the development of form perception, space discrimination, occular control, and sensory-motor integration are provided, with the child's progress measured as his/her improvement in these abilities with time. The use of walking boards, balance beams, obstacle-course running, ball play and music is an integral part of this system. There is relatively little emphasis on the transition from perceptual-motor development to academic and cognitive skills.

Barsch. His movigenic approach is a theory of movement as it relates to learning. Since he assumes that human learning is based on motor efficiency, Barsch's curriculum is designed to improve motor ability in the child. In this approach, the child is encouraged to explore and experience himself in space, thereby integrating this into more progressively complex wholes. The elements of sequence, rate, and timing are deemed essential to learning movement synchronicity. Activities that involve walking, skipping, crawling, rhythmic clapping, and the like are used in conjunction with a variety of equipment such as balance rails and teeter boards. As with Kephart's approach, language and auditory development is not emphasized, nor are more traditional academically-oriented skills.

Developmental approaches in visual perception. Frostig and Getman have advocated somewhat different techniques based on this approach.

Frostig. Research and teaching materials in this system have focused mainly on assessment and remediation techniques in the area of visual perception. Largely derived from the development theories of Piaget and Werner, as well as from learning theory and psychoanalysis, her Developmental Test of Visual Perception measures performance in five basic areas: eye-motor coordination, figure-ground, constancy of shape, position in space, and spatial relationships. Deficits in any area tested are remediated through specific exercise using special learning materials.

Getman. As an optometrist, Getman has defined vision as the learned ability of the child to interpret the world and his relationship to the world. According to this system, the child's visuomotor performance follows a developmental sequence with each stage of development dependent upon successful growth in the previous stage. In this model, complex cognitive skills such as reading are considered to be derived from the mastery of more basic motoric skills. Teaching programs based on this approach have stressed such areas as general coordination, practice in balance, practice in hand-eye coordination, form recognition, and visual memory.

The neuro-physiological approach. *Doman and Delecato,* a physical therapist and an educator, describe the goal of their neurological "patterning" system as being able to establish in learning-disabled children the neurological developmental stages observed in normal children. The theory assumed that "ontogeny recapitulates the phylogeny," or that the process an individual human being goes through in maturation is the same as the entire species did in the process of evolution. Failure to pass through any of six developmental stages in neurological organization is seen to result in problems in mobility or communication, including stuttering, retarded reading and poor spelling and handwriting. Children with these or other disabilities are required to perform a series of motoric acts such as creeping, crawling, and walking patterns, according to a prescribed sequential pattern. Techniques such as sensory stimulation, training of hand and eye use, and sleeping in prescribed positions are all designed to likewise establish hemispheric dominance and thereby achieve full neurological organization. According to Lerner (1971) and others, this system is probably among the most controversial of the motor approaches to learning problems. It has been widely used despite increasing opposition from doctors and educators, who claim that the method is unscientific and without controlled validating data.

Linguistic approaches. Bateman and Wiseman have formulated approaches based on a linguistic analysis of specific language deficits.

Bateman. In this approach, school deficiencies in the child are seen as stemming from difficulties in the processes underlying academic performance. Based on a thorough assessment of auditory and visual discrimination, sound blending, and other language sub-skills, educational recommendations of a specific nature are made.

Wiseman. Language is similarly used for both diagnosis and remediation of children with certain kinds of learning disabilities. Key abilities in language are considered to encompass auditory and visual decoding, association, memory, vocal and motor encoding, and automatic auditory or visual closure. The Illinois Test of Psycholinguistic Abilities (ITPA) is the chief assessment instrument, with remedial exercises flowing from the deficit pattern indicated by the ITPA.

Remedial approaches to basic school subjects. The *Fernald* approach is representative of the "tool subject" orientation. It involves a multi-sensory system of teaching reading and writing as well as spelling. Children speak and trace words as they learn them.

VIII. ADMINISTRATIVE AND ORGANIZATION PATTERNS

The Federal Level

Federal involvement with public school programs for mentally or emotionally disordered children is a comparatively recent phenomenon. At the top level of a hierarchical departmental structure is the Department of Health, Education, and Welfare. Within HEW is the Office of Education, which administers all federal programs in the field of education, and is divided into several regional offices, each with its own director. The Bureau for the Education of the Handicapped (BEH) is a unit of the Office of Education (Figure 3).

BEH was born out of the Elementary and Secondary Education Act (ESEA) of 1965, which was amended in 1967 to include a Title VI, dealing wholly with the education and training of the handicapped child. Written as Public Law 89-750 and finally signed by the President as PL 90-247, it authorized for the first time the creation of a separate bureau within the Office of Education to meet the needs of exceptional children. Since its inception, BEH has been a major force at the national level in supporting efforts across the country in this sphere.

BEH has been mandated to provide several kinds of assistance in special education, ranging from financial aid to state and local school systems, to university grants in the training of special education personnel, to grants to public and private agencies engaged in information dispersion and or research. Table III provides BEH's own description of programs administered or monitored by their bureau, whereas Figure 4 provides an organizational chart of BEH's structure.

The State Level

Each of the fifty states has a Superintendent or Commissioner of Education. Either appointed or elected, he is in most states the chief school officer, with many of the educational services provided for mentally retarded or emotionally disturbed children under his administrative jurisdiction. Exceptions may include state residential schools, which, for instance, in Michigan, are under the authority of the Department of Mental Health. These non-educational departments may also be responsible for other services which affect these children — speech and hearing examinations, rehabilitative programs, etc.

Within each state department of education is at least one part-time supervisor who has primary responsibility for the administration of school programs for handicapped children. Titles and size of the department vary from state to state. Connor (1961) concisely summarized the function of these state departments of special education or departments for education of the handicapped:

> Duties of these special education bureaus involve many of the following responsibilities: supervision of special education facilities in local school districts or county units, approval of requests for state aid for transportation and other specialized services, answering requests for information or assistance on specific questions or community problems, evaluation of teacher certification applications; appointment of special scholarship aid, appearance at hearings for special education legislative proposals; gathering data and publication of state brochures concerning regulations and services for exceptional children, and attendance at varied local, state, and national conferences. In general, the function of the state level of education for exceptional children is to take leadership in fostering state policies and to supervise and administer programs that the state legislature or commissioner of education has established for exceptional children (p. 41).

Connor went on to note that many special educators at the local level felt that they saw too little of special education state department personnel, and that much of the activity at the state level involved office work.

Blatt (1972), in discussing public school involvement with exceptional children in general, noted that

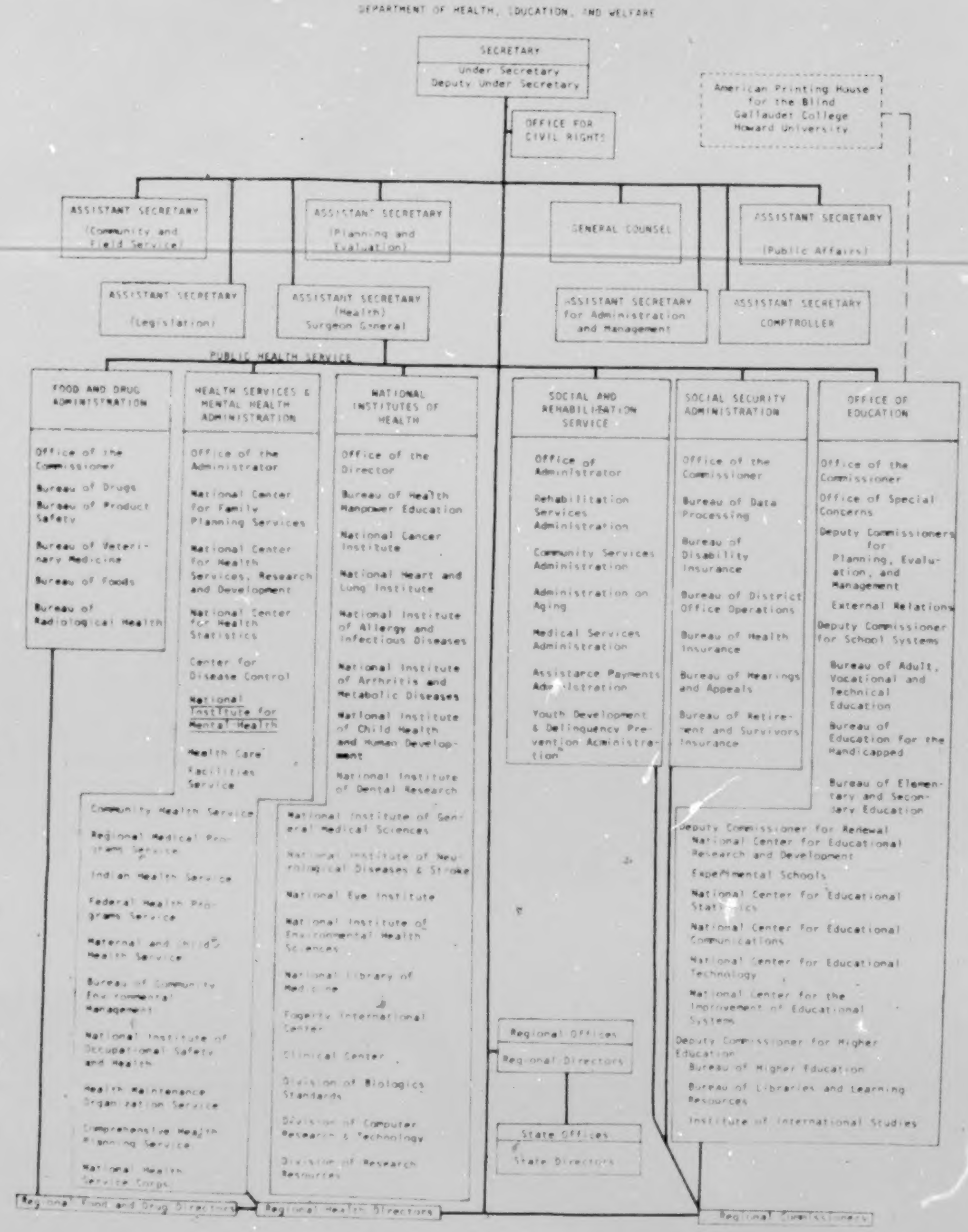
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SECRETARY
Under Secretary
Deputy Under Secretary
American Printing House for the Blind
Gallaudet College
Howard University
OFFICE FOR CIVIL RIGHTS
ASSISTANT SECRETARY (Community and Field Service)
ASSISTANT SECRETARY (Planning and Evaluation)
GENERAL COUNSEL
ASSISTANT SECRETARY (Public Affairs)
ASSISTANT SECRETARY (Legislation)
ASSISTANT SECRETARY (Health) Surgeon General
ASSISTANT SECRETARY for Administration and Management
ASSISTANT SECRETARY COMPTROLLER
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
Office of the Commissioner
Bureau of Drugs
Bureau of Product Safety
Bureau of Veterinary Medicine
Bureau of Foods
Bureau of Radiological Health
HEALTH SERVICES & MENTAL HEALTH ADMINISTRATION
Office of the Administrator
National Center for Family Planning Services
National Center for Health Services, Research and Development
National Center for Health Statistics
Center for Disease Control
National Institute for Mental Health
Health Care Facilities Service
Community Health Service
Regional Medical Programs Service
Indian Health Service
Federal Health Programs Service
Maternal and Child Health Service
Bureau of Community Environmental Management
National Institute of Occupational Safety and Health
Health Maintenance Organization Service
Comprehensive Health Planning Service
National Health Service Corps
NATIONAL INSTITUTES OF HEALTH
Office of the Director
Bureau of Health Manpower Education
National Cancer Institute
National Heart and Lung Institute
National Institute of Allergy and Infectious Diseases
National Institute of Arthritis and Metabolic Diseases
National Institute of Child Health and Human Development
National Institute of Dental Research
National Institute of General Medical Sciences
National Institute of Neurological Diseases & Stroke
National Eye Institute
National Institute of Environmental Health Sciences
National Library of Medicine
Fogarty International Center
Clinical Center
Division of Biologics Standards
Division of Computer Research & Technology
Division of Research Resources
SOCIAL AND REHABILITATION SERVICE
Office of Administrator
Rehabilitation Services Administration
Community Services Administration
Administration on Aging
Medical Services Administration
Assistance Payments Administration
Youth Development & Delinquency Prevention Administration
SOCIAL SECURITY ADMINISTRATION
Office of the Commissioner
Bureau of Data Processing
Bureau of Disability Insurance
Bureau of District Office Operations
Bureau of Health Insurance
Bureau of Hearings and Appeals
Bureau of Retirement and Survivors Insurance
OFFICE OF EDUCATION
Office of the Commissioner
Office of Special Concerns
Deputy Commissioners for Planning, Evaluation, and Management
External Relations
Deputy Commissioner for School Systems
Bureau of Adult, Vocational and Technical Education
Bureau of Education for the Handicapped
Bureau of Elementary and Secondary Education
Deputy Commissioner for Renewal
National Center for Educational Research and Development
Experimental Schools
National Center for Educational Statistics
National Center for Educational Communications
National Center for Educational Technology
National Center for the Improvement of Educational Systems
Deputy Commissioner for Higher Education
Bureau of Higher Education
Bureau of Libraries and Learning Resources
Institute of International Studies
Regional Offices
Regional Directors
State Offices
State Directors
Regional Food and Drug Directors
Regional Health Directors
Regional Commissioners

Figure 3. Department of Health, Education and Welfare.

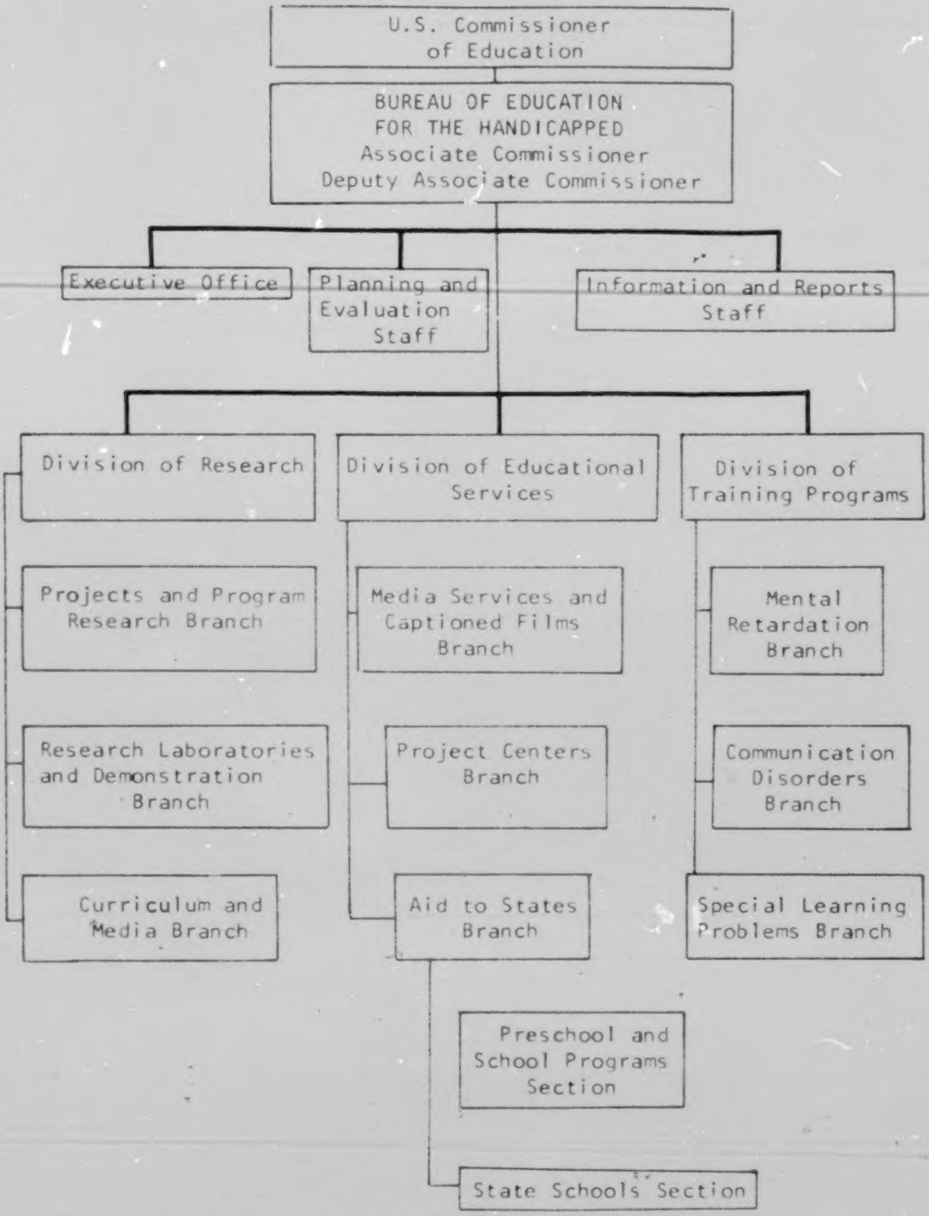
U.S. Commissioner of Education
BUREAU OF EDUCATION FOR THE HANDICAPPED
Associate Commissioner
Deputy Associate Commissioner
Executive Office
Planning and Evaluation Staff
Information and Reports Staff
Division of Research
Division of Educational Services
Division of Training Programs
Projects and Program Research Branch
Media Services and Captioned Films Branch
Mental Retardation Branch
Research Laboratories and Demonstration Branch
Project Centers Branch
Communication Disorders Branch
Curriculum and Media Branch
Aid to States Branch
Special Learning Problems Branch
Preschool and School Programs Section
State Schools Section

Figure 4. Bureau of Education for the Handicapped.
(From Exceptional Children, Gallagher, J.J., 1968, 35, p.488.)

> there is no one standard program for the handicapped in New York or any other state. There are many standard programs and these depend on geographic area, size of community, and type and degree of handicap. Standard programs for the mentally retarded and the emotionally disturbed in most sections of our country remain the special class, special center, or special school. . . . In general, the more severe the handicap and the more obvious the stigma, the greater is the possibility that the child will be required to attend a separate school or center and the greater is the possibility that such children will be 'locked in' a disability category and thus 'locked in' a stigmatized life-style (p. 541).

Guarino and Sage (1972) focused on the "Greenberg Law" (Education Law, NYS, Chapter 786, Section 4407) which is a representative state provision, especially in the Northeast, whereby certain handicapped children, including the mentally retarded and the emotionally disturbed, may be serviced in private programs at the public expense. The children must be deemed "unusually" handicapped, and the major determinant of whether the child is placed in such a category rests on the certification by the chief school officer in the district in which the child resides. The authors noted that the law has produced two major effects, unforeseen in original intention, across the state. These are:

> a) the tendency for school districts to pass the financial and programmatic responsibility for handicapped children to the state level and to the private sector, rather than making necessary provisions within the main stream of education and b) the tendency for school districts to classify children in such a way that the boundary line between "unusually" handicapped and mildly handicapped is moved in a direction which places more children in the extreme category (p. 749).

In terms of funding patterns, the private school must meet New York State Department of Education standards, and the parents are reimbursed a fixed sum for instructional cost.

It is important to note that in most instances, state aid to local special education programs is dependent on the number of children in the given district who are categorized as requiring special services. Thus, the labeling procedures that have been so criticized are, in part, presently necessitated by state requirements for special school programs.

Blatt (1972) and Gallagher (1972) have both noted this linkup of state funding to the categorization of children, but state that this had the advantage of channeling more money into this field.

At present, litigation is underway in many states to compel the public sector to provide education for severely disturbed or severely retarded children.

The Local Level

The administrative pattern of special education for local school districts varies considerably across the country. State legislative provisions, as well as geography, wealth and educational commitments of the community are important variables in this regard, especially the existence and relative strength of local parent-interest groups. Although the resources and funds available at the state level are of direct import to the establishment of special school programs at this level, the utilization of possible state aid and of other federal or private assistance also varies with the ability and interest of school administrators, and with the willingness of taxpayers to supplement minimum state funds, special educational facilities tend to be quite expensive in relation to total school budgets.

In most instances, in the establishment of programs, the school superintendent for the district recommends to the local board of education that special facilities and personnel be hired; if the board agrees and funds are made available, the program will take effect.

In the case of smaller school districts, Connor (1961) noted

> When a local district cannot afford suitable educational services . . . or is too small to have enough atypical children, many states allow cooperative arrangements for shared services, or other joint action (p. 43).

TABLE III.
FEDERAL PROGRAMS ADMINISTERED OR MONITORED BY THE BUREAU OF EDUCATION FOR THE HANDICAPPED U.S. OFFICE OF EDUCATION FISCAL YEAR 1971 APPROPRIATION

(TOTAL--$197,767,633)

TYPE OF ASSISTANCE	AUTHORIZATION	PURPOSE	APPROPRIATION FY 1971	WHO MAY APPLY	WHERE TO GET INFORMATION
SERVICES					
PROGRAMS FOR THE HANDICAPPED, PRESCHOOL, ELEMENTARY AND SECONDARY	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART B	TO STRENGTHEN EDUCATIONAL AND RELATED SERVICES FOR HANDICAPPED, PRESCHOOL, ELEMENTARY & SECONDARY CHILDREN	$34,000,000	LOCAL AGENCIES APPLY TO STATE DEPARTMENTS OF EDUCATION	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED
PROGRAMS FOR THE HANDICAPPED IN STATE SUPPORTED SCHOOLS	ELEMENTARY & SECONDARY ED. ACT, TITLE I (P.L. 89-313, AMENDED)	TO STRENGTHEN EDUCATION PROGRAMS FOR CHILDREN IN STATE OPERATED OR SUPPORTED SCHOOLS FOR THE HANDICAPPED	$46,129,772	ELIGIBLE STATE AGENCIES APPLY TO STATE DEPARTMENTS OF EDUCATION	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED

TITLE III, SUPPLEMENTARY EDUCATIONAL CENTERS & SERVICES	TITLE III, ELEMENTARY & SECONDARY EDUCATION ACT, AS AMENDED	TO PROVIDE GRANTS FOR SUPPLEMENTARY, INNOVATIVE, OR EXEMPLARY PROJECTS FOR THE EDUCATIONAL IMPROVEMENT OF THE HANDICAPPED	$16,438,116 REPRESENTS 15% OF STATE'S TOTAL TITLE III ALLOTMENT	LOCAL EDUCATION AGENCIES APPLY TO STATE DEPARTMENTS OF EDUCATION	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED; OR DIVISION OF PLANS AND SUPPLEMENTARY CENTERS, BUREAU OF ELEMENTARY & SECONDARY EDUCATION
EARLY EDUCATION FOR HANDICAPPED CHILDREN	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART C, SECTION 623	TO DEVELOP MODEL PRESCHOOL AND EARLY EDUCATION PROGRAMS FOR HANDICAPPED CHILDREN	$ 7,000,000	PUBLIC AGENCIES AND PRIVATE NON-PROFIT AGENCIES	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED
VOLATIONAL EDUCATION PROGRAMS FOR THE HANDICAPPED	VOCATIONAL EDUCATION AMENDMENTS OF 1968	TO PROVIDE VOCATIONAL EDUCATION & SERVICES TO HANDICAPPED CHILDREN	$30, 50,000 REPRESENTS 10% OF THE BASIC STATE ALLOTMENT UNDER PART B OF THE 1968 AMENDMENT TO THE VOC. ED. ACT	LOCAL EDUCATIONAL AGENCIES APPLY TO STATE DEPARTMENTS OF EDUCATION	DIVISION OF VOCATION-TECHNICAL EDUCATION, BUREAU OF ADULT, VOCATIONAL & TECHNICAL EDUCATION REGIONAL OFFICE; OR DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED
MEDIA SERVICES AND CAPTIONED FILM LOAN PROGRAM	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART F	A) TO ADVANCE THE HANDICAPPED THROUGH FILM & OTHER MEDIA INCLUDING A CAPTIONED FILM LOAN SERVICE FOR CULTURAL AND EDUCATIONAL ENRICHMENT FOR THE DEAF	$ 6,000,000	STATE OR LOCAL PUBLIC AGENCIES AND SCHOOLS, ORGANZATIONS, OR GROUPS WHICH SERVE THE HANDICAPPED, THEIR PARENTS, EMPLOYERS OR POTENTIAL EMPLOYERS	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED

FEDERAL PROGRAMS (continued)

TYPE OF ASSISTANCE	AUTHORIZATION	PURPOSE	APPROPRIATION FY 1971	WHO MAY APPLY	WHERE TO GET INFORMATION
		B) TO CONTRACT FOR RESEARCH IN USE OF EDUCATIONAL AND TRAINING FILMS AND OTHER EDUCATIONAL MEDIA FOR THE HANDICAPPED, AND FOR THEIR PRODUCTION AND DISTRIBUTION	(INCLUDED ABOVE)	BY INVITATION	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED
		C) TO CONTRACT FOR TRAINING PERSONS IN THE USE OF EDUCATIONAL MEDIA FOR THE HANDICAPPED	(INCLUDED ABOVE)	PUBLIC OR OTHER NONPROFIT INSTITUTIONS OF HIGHER EDUCATION FOR TEACHERS, TRAINEES OR OTHER SPECIALISTS	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED
		D) TO ESTABLISH AND OPERATE A NATIONAL CENTER ON EDUCATIONAL MEDIA	(INCLUDED ABOVE)	INSTITUTIONS OF HIGHER EDUCATION	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED
DEAF-BLIND CENTERS	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART C, SECTION 622	TO DEVELOP CENTERS AND SERVICES FOR DEAF-BLIND CHILDREN & PARENTS	$4,500,000	STATE EDUCATION AGENCIES, UNIVERSITIES, MEDICAL CENTERS, PUBLIC OR NONPROFIT AGENCIES	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED

INFORMATION & RECRUITMENT	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART D, SECTION 633	TO IMPROVE RECRUITMENT OF EDUCATIONAL PERSONNEL AND DISSEMINATION OF INFORMATION ON EDUCATIONAL OPPORTUNITIES FOR THE HANDICAPPED	$500,000	PUBLIC OR NON PROFIT AGENCIES, ORGANIZATIONS, PRIVATE AGENCIES	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED
PROGRAMS FOR CHILDREN WITH SPECIFIC LEARNING DISABILITIES	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART G, SECTION 661	TO PROVIDE FOR RESEARCH, TRAINING OF PERSSONEL AND TO ESTABLISH AND OPERATE MODEL CENTERS FOR CHILDREN WITH SPECIFIC LEARNING DISABILITIES	$1,000,000	INSTITUTIONS OF HIGHER EDUCATION, STATE AND LOCAL EDUCATIONAL AGENCIES AND OTHER PUBLIC AND NON-PROFIT AGENCIES	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED
RESEARCH					
REGIONAL RESOURCE CENTERS FOR IMPROVEMENT OF EDUCATION FOR HANDICAPPED CHILDREN	EDUCATION OF THE HANDICAPPED ACT P.L. 91-230, PART C, SECTION, 621	TO DEVELOP CENTERS FOR EDUCATIONAL DIAGNOSIS AND REMEDIATION OF HANDICAPPED CHILDREN	$3,550,000	INSTITUTIONS OF HIGHER EDUCATION AND STATE EDUCATION AGENCIES, OR COMBINATIONS WITHIN PARTICULAR REGIONS	DIVISION OF RESEARCH, BUREAU OF EDUCATION FOR THE HANDICAPPED
HANDICAPPED RESEARCH AND RELATED ACTIVITIES	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART E, SECTION 641	TO PROMOTE NEW KNOWLEDGE AND DEVELOPMENTS WITH REFERENCE TO THE EDUCATION OF THE HANDICAPPED	$15,000,000	STATE OR LOCAL EDUCATION AGENCIES AND PRIVATE EDUCATIONAL ORGANIZATIONS OR RESEARCH ORGANISATIONAL GROUPS	DIVISION OF RESEARCH, BUREAU OF EDUCATION FOR THE HANDICAPPED

FEDERAL PROGRAMS (continued)

TYPE OF ASSISTANCE	AUTHORIZATION	PURPOSE	APPROPRIATION FY 1971	WHO MAY APPLY	WHERE TO GET INFORMATION
PHYSICAL EDUCATION AND RECREATION FOR THE HANDICAPPED	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART E, SECTION 642	TO DO RESEARCH IN AREAS OF PHYSICAL EDUCATION AND RECREATION FOR HANDICAPPED CHILDREN	$ 300,000	STATE OR LOCAL EDUCATION AGENCIES, PUBLIC OR NONPROFIT PRIVATE EDUCATIONAL OR RESEARCH AGENCIES AND ORGANIZATIONS	DIVISION OF RESEARCH, BUREAU OF EDUCATION FOR THE HANDICAPPED
TRAINING					
TRAINING PERSONNEL FOR THE EDUCATION OF THE HANDICAPPED	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART D, SECTION 632	TO PREPARE AND INFORM TEACHERS AND OTHERS WHO WORK IN THE EDUCATION OF THE HANDICAPPED	$31,900,000	STATE EDUCATION AGENCIES, INSTITUTIONS OF HIGHER EDUCATION, AND OTHER APPROPRIATE NONPROFIT INSTITUTIONS OR AGENCIES	DIVISION OF TRAINING PROGRAMS, BUREAU OF EDUCATION FOR THE HANDICAPPED
TRAINING OF PHYSICAL EDUCATORS AND RECREATION PERSONNEL FOR HANDICAPPED CHILDREN	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART D, SECTION 634	TO TRAIN PERSONNEL IN PHYSICAL EDUCATION & RECREATION FOR THE HANDICAPPED	$700,000	INSTITUTIONS OF HIGHER EDUCATION	DIVISION OF TRAINING PROGRAMS, BUREAU OF EDUCATION FOR THE HANDICAPPED

(TOTAL--$197,633)

(From The Bureau of Education for the Handicapped, U.S. Office of Education, 1971, p. 25)

In general, the ability of local school districts to fund and establish special programs for the mentally retarded or emotionally disturbed is very much dependent upon activity in this area at the state level. Gearheart (1967), for examble observed:

> State leadership in special education can quickly make or break the educational program for exceptional children in all but the strongest school districts in the state. Because of the present state of evolution in this field throughout much of the United States, this sub-area of education is much more susceptible to developmental retardation because of weak state leadership than most other sub-areas. This is due to both the heavy reimbursement and to the lack of information relating to special education on the part of many general administrators (p. 80).

While some of the states have *mandatory* legislation regarding the school's responsibility for the mentally retarded and fewer for the emotionally disturbed child (e.g., New York and California), in most it is *permissive* in character. In still others, a combination of the two may be involved, depending on such variables as the size of the local district, the number of children needing special services, and whether the request (e.g., by a parent-interest group) has been made for such services. Mandatory legislation requires that special facilities be established within the locality; in 1970, only fifteen states had such legislation for the education of educable mentally retarded children. Permissive legislation makes the decision optional, left to the discretion of the local school superintendent.

Turning to administrative patterns at the local level, the Council for Exceptional Children (1970, p. 58) noted that "The most common type of administrative unit for operating special education programs is still one provided independently by a single local school district." However, in less populous or rural areas, several alternative arrangements have developed. These include:

1. *Cooperative or joint agreement programs,* in which psychological and rehabilitative services are shared by several neighboring districts;
2. *Contract services,* in which small districts can receive a variety of services through the offices of the county superintendent of schools, or through contract with a larger adjoining district which already operates a special education program;
3. *Intermediate programs,* in which a legally constituted agency functions at a level between the local school district and the state education body (typically and historically, at the county level).

In these and virtually all arrangements at the local level, state funding is dependent on the "headcount" of children labeled in the various categories of exceptionality. This is a "bread-and-butter" issue which must be taken into account in any discussion of the controversy surrounding labeling at present. Thus, Gallagher (1972) has attributed an advantage in labeling in that it channels more money into the field, while Blatt (1972) had less optimistically stated that,

> state funding incentives that are tied to public school enrollment figures may unintentionally encourage local overprogramming, which needlessly place some children in special classes or special schools (p. 543).

Another impetus for the establishment of separate facilities for children perceived as mentally retarded or emotionally disturbed has come, Melcher (1972) has noted, from collective bargaining rights won by teacher unions. This trend, he argued, counteracted the growing interest in finding alternative means of education of the exceptional child, other than self-contained classes.

IX. POWER AND INFLUENCE

In recent years the question of who controls or decides basic educational policy has become one of the most crucial social issues of the day. It is a question that has been raised with special stridency and militancy by the poor and by racial minorities, those who have traditionally possessed the least political power and influence. Most closely associated with this question has been the issue of "community control of the schools." It carries with it the assertion that decisions affecting children in the public schools, particularly those in urban areas, are made by an elite of power-interests which is racially and socio-economically unrepresentative.

As we have noted, the large majority of children in urban special education programs for the mentally retarded or emotionally disturbed socially maladjusted are from poor, racial minority groups. This fact has not escaped the attention of parents and spokesmen for these groups, and questions of the propriety of testing, labeling, and placement of such children have been raised. A fundamental argument voiced by these critics is that because of the discriminatory nature of school decision-making, many children are presently being miscategorized and placed in stigmatory programs.

It therefore becomes of major importance to explore the current sources of power in this sphere. This will involve a look at the primary sources of influences in public school education as a whole, as well as those unique to the field of special education. We will also examine the forces outside the traditional establishment who are vying for power in this system.

Sources of Power in Education as a Whole

Studies which have investigated the structure of decision-making power in the operation of the public schools have tended to repeatedly identify a small nucleus of main sources, both public and private. Gittell (in Rosenthal, 1971, p. 455) noted, for instance that

> Within any school system, the potential participants in the policy-making process are essentially the same. Legal power is usually divided between a board of education and the superintendent. The bureaucracy breaks down into the central administrative bureaucracy, field administrators, top supervisory staff, and middle management. Organizations representing each of these groups are common in the larger school districts, and the activities of each can be significant. Teacher and teacher organizations are also significant. Specialized education interest groups (*ad hoc* and permanent) have been active in many communities, and their role can be a vital one . . . In the general community, there are other potential participants — local, state, and federal officials, civic groups, the press, business organizations, and individual entrepreneurs seeking the rewards of the school system. Interrelationships between these potential participants, the relative power of each, and their role in particular decisions, differ with the nature of the issue and the political environment of the school system.

These major sources of influence will be briefly examined in turn.

The school boards. School boards are either appointed by the local governing unit (city council, mayor) or are popularly elected, usually with low voter turn-out. In either case, members are rarely chosen for their known positions on matters of educational policy, but rather on their general reputation as upstanding members of the community. Lyke (in Levin, 1970, pp. 155-156) observed

> This problem is most clearly seen in those systems where board members are appointed, for the appointers — be they the mayor, the governor, or municipal judges — do not campaign for election on issues of educational policy. The norm "keeping politics out of the schools" makes it difficult for the appointer to interfere more than occasionally with educational policy in any overt way and permits board members to rebuff covert attempts. Besides, if there is controversy, most appointers would just as soon avoid in-

> volvement. Matters are not much different in elective systems, whether partisan or non-partisan, since board elections are characteristically devoid of issues and debates. Typically, the emphasis in on the personal qualities of the candidates, and discussion of local educational policy is rarely significant.

Most boards of education are dominated by persons of the business and professional classes. Martin (in Rosenthal, 1969) noted a 1962 survey by a National Education Association (NEA) commission, which found that nominations for election to the Board of School Commissioners in Indianapolis (a city of almost a half million) were controlled for thirty years by a self-appointed citizens' committee of fewer than one hundred. He also described a suburban city in upstate New York in which the city's single major industry controlled nominations for a like period. In his own survey of school boards, Martin found that 82 per cent contained members of professional, financial and business occupations; less than eleven per cent included members with semi-skilled, unskilled or service occupations. President Nixon's *Urban Education Task Force Report* (1970, p. 262) concluded

> School boards in our urban centers are not representative of the people they serve. Members are generally of upper and middle-class cultures with attitudes that reflect such cultures. In many cities where a large majority of the school children are Negro or Spanish-speaking, the boards are composed of nearly all whites or Anglos.

In rural areas, the situation is not very different. Vidich and Bensman (in Rosenthal, 1969), in a study of class interests and school politics in a representative small town, found that the make-up of the school board was perpetuated by a handful of prosperous farmers and businessmen.

The superintendent. In most school systems, one of the chief functions of the board of education is the appointment of the superintendent, who is then charged with the day-to-day operations of the schools. This figure has extreme significance in normal policy decisions, particularly those deemed "above politics;" such decisions are almost unquestioned. Martin (in Rosenthal, 1969) noted that in internal school issues, the superintendent has virtually overwhelming influence; concerning public issues, he often is able to define their content, propose alternatives, and ultimately, it is he who implements the decisions reached. Martin also noted an increasing power in the superintendent's role in recent years. He observed (pp. 280-281):

> The emergence of a powerful leader in the person of the superintendent has brought with it a concomitant decline in the position of the school board. There is a reciprocal relation between administrator and board which tends to ensure that as one grows in stature the other will diminish.

In a discussion of this role, Fantini and Weinstein (1968, pp. 194-195) stated:

> The school superintendent is a professional and experienced individual who is hired by the school board to implement school board policies and to administer the school's operations. It is the school superintendent, therefore, who wields the most professional power in the school system.
>
> However, the problems and pressures brought to bear on the school superintendent can be overwhelming. The school may select or reject him for his views on school integration, teachers, unions, or other factors which might affect the public-schooling system; he may be selected to maintain the status quo or to bring about a vast change. He is expected to maintain a good public image for the school system and for the trustees who head it, and thus he must continually face both public pressures and those imposed upon him by the board.

As we have noted in Sections IV and VII, decisions affecting funding and services, including those involving special education, are made from the office of the local school superintendent. The board's role rarely involves other than providing a ceiling on expenditures in this domain.

Generally speaking, the school superintendent's racial and socio-economic background does not differ significantly from that of the school board which appointed him. The *Urban Task Force Report* (1970, p. 262) reported:

> Much of what has been previously stated about the dissimilarities between the members of school boards and their constituents holds true for school administrators and those same parents, community residents, and students. Few school administrators are truly representative of the community being served.

Teachers' unions and associations. The growth of trade-unionism in the teaching profession is a quite recent development. It was not until 1960, for instance, that the New York City teachers, in the largest school system in the nation, were granted collective bargaining rights and union recognition. Generally, in most school systems, teachers' rights have been won slowly, and after protracted struggles.

While several cities and smaller units have their own independent teacher organizations, two national groups have increasingly gained teacher support: the American Federation of Teachers (AFT) and the National Education Association (NEA). While the latter includes administrators and supervisory personnel, the former has barred such "management" positions from union membership. Both, however, allow school psychologists, guidance counselors, and related pupil personnel into their ranks. The AFT has sanctioned the use of strikes, walkouts and other militant tactics when deemed necessary to achieve teacher demands. The NEA has opposed such actions as "unprofessional," though partly in response to AFT effectiveness in recruitment, it has recently softened its opposition. Writing in 1966, Rosenthal (in Rosenthal, 1969, p. 303) observed

> A furious competition now rages between NEA and AFT, each of which struggles to represent the nation's teachers in their struggles to gain material benefits and improve their status. One group advocates professional negotiations, the other calls for collective bargaining. However the two may differ, both vigorously encourage affiliates, and particularly those in cities, to increase their influence in the decision-making process of public education.

These two major organizations are presently contemplating a merger which would produce one of the largest unions in the United States.

In general, as many observers have noted, teachers have little say over educational policy in the public schools. Rosenthal (pp. 302-303) observed

> On the peripheries of power, far less weighty than boards, superintendents, and administrators are school principals and teacher organizations. By whatever comparative standards, teachers fare poorly indeed . . . . In New York through collective bargaining, in Boston, Chicago, and San Francisco by means of presentations before administrations and school boards, and in Atlanta through negotiating on a study committee, teacher groups have influenced decisions on salary and related matters. Outside of this arena, however, they appear powerless. Even the United Federation of Teachers, which many New Yorkers regard as a powerful group, allegedly carries light weight when it comes to deciding most policy matters.

Special Education Power Sources

We turn now to those organizations or associations which are unique to the field of special education. These operate within and along with the power influences in the whole of American public school education. They are, however, by virtue of their financial and political clout, differentiated from the more *ad hoc* groups that have arisen in the communities of the poor and of racial minorities. This third segment of competing power influences will be discussed in the section following this.

Parent-interest Groups

In the early 1950's, parents of exceptional children began to unite and lobby for more humane and extensive care for their children.

The National Association for Retarded Children. One group which has grown tremendously in the past two decades, and is probably the most influential private body in the field of education of the retarded, is the National Association for Retarded Children (NARC). From an original membership of 42 parents in Minneapolis in 1950, NARC, by 1971 comprised over 15,000 local and state chapters, with membership of over 200,000. Some of NARC's functions include:

1. *Research.* In 1952, a research fund was established to support endeavors not readily fundable from other public or private sources. Grants made from the research fund have encompassed both short and long-term projects, and the Fund has helped stimulate the activities of such bodies as the National Institute for Mental Health and the National Institute of Child Health and Human Development. Dissemination of scientific information pertinent to mental retardation has also been a research service.

2. *Publications. Mental Retardation News* provides coverage of national, state and local developments in the field of mental retardation. *Action Together* aims at keeping local chapters informed of legislative goals and other public action projects. *Information Exchange* serves as a clearinghouse for information on local chapter activities, ideas, and projects. *The Record* is a residential-services newsletter. Many pamphlets, position-papers, and reports are also published by NARC.

3. *Lobbying and public action.* NARC has been a major force in the last two decades in the last two decades in the drive for better educational facilities for the mentally retarded. Since its inception, one of NARC's basic purposes has been to redress "the marked inequities which exist within the public school systems of the nation with respect to the education and training of mentally retarded persons (NARC, 1971, p. 1)." To this end, largely on the local and state levels, chapters have pressured school boards and legislatures to provide a host of improved and increased services for the mentally retarded. Most recently, NARC chapters have been instrumental in initiating court suits against the public schools, which have barred severely retarded children from attendance.

The National Society for Autistic Children. As yet, no organization comparable in influence to NARC has arisen on behalf of emotionally disturbed children. One group that has emerged, however, is the National Society for Autistic Children (NSAC), founded in 1965 by Dr. Bernard Rimland, an active researcher in this field, and himself the parent of an autistic child. By 1972 NSAC had grown to include almost 100 local and state chapters. Its present activities include:

1. *Information dissemination.* A National Information and Referral Service was established in 1970 and provides information on recreational, treatment and educational facilities, funding sources, and training institutions in the field of childhood autism. NSAC's Newsletter deals specifically with parental concerns. NSAC supported the founding, by two of its members, of the *Journal of Autism and Childhood Schizophrenia.*

2. *Lobbying and public action.* On a national level, the NSAC works with Congress and with federal agencies in trying to bring about greater public concern for autistic children, both in terms of research outlays and increased services. On local and state levels, chapters have recently been active in initiating court suits against the public schools, which bar severely disturbed children from attendance. These suits, like those backed by NARC, may produce significant educational changes for these children in coming years.

The Association for Children with Learning Disabilities. The ACLD was created from the Conference on Exploration into the Problems of the Perceptually Handicapped (1963). In 1964, a Professional Advisory Board was established to provide professional assistance to parent efforts. State and local chapters have grown rapidly since then, with over 40 state chapters by 1972 and many local and regional affiliates.

Open to professionals and students as well as parents of children with learning disabilities, the ACLD is the major influence group in this field. Largely due to its extensive lobbying efforts, federal legislation specifically for learning disabilities was enacted in 1969. Some of its current activities include:

1. *Information dissemination* — Literature on research and remediation in this field is published and disseminated. Lists of schools and agencies which deal with such children are also distributed.
2. *Research and intervention coordination* — Each year the ACLD sponsors a national conference whose proceedings are made available to the public. Many local and regional conferences are also held during the year by ACLD affiliates.
3. *Public action and lobbying* — The ACLD acts as a major force on local, state and federal educational levels, advocating increased services for such children. A monthly newsletter informs members of current legislative issues and other public concerns.

Professional Bodies

The Council for Exceptional Children. The chief professional organization in the field of special education is the Council for Exceptional Children (CEC), which is affiliated with the NEA. Founded in 1922, CEC's memberhip includes administrators, teachers, therapists, clinicians, students and other persons concerned with education of exceptional children. By 1972, CEC comprised over 48,000 members in the United States and Canada, in nearly 750 local and student chapters and 52 state and provincial organizations. Nine separate divisions of CEC exist, including those for children with learning disabilities, the emotionally disturbed, and the mentally retarded. CEC's activities include:

1. *Information dissemination.* In addition to preparing a wide range of materials for special educators (to be described in Section IX), CEC publishes three periodicals: *Exceptional Children,* the largest circulating journal in the field of special education; *Teaching Exceptional Children,* classroom-oriented and written for teachers; *Update,* an organizational newsletter, describing events within CEC.
2. *Lobbying and public action.* CEC sponsors an annual international convention, as well as many regional and/or national topic conferences. State federation conventions are also held. CEC is a major lobby in this field, acting on national and state levels for legislation which affects exceptional children. To this end, CEC has sponsored workshops to help special educators and others develop skills for effective governmental influence.

Private Foundations

The field of special education is also influenced by many privately funded organizations, such as foundations which are concerned with care and education of exceptional children. A major and representative body in this sphere is the Joseph P. Kennedy Jr. Foundation. Established in 1946, its purpose is to encourage efforts on behalf of the mentally retarded. Its activities have included funding of research into the causes of mental retardation, as well as research on treatment, rehabilitation and education. The Kennedy Foundation has also labored for increased public support of the mentally retarded, has provided for the dissemination of research reports, and has attempted to influence legislative bodies at state and federal levels.

Public Agencies

The President's Commission on Mental Retardation is an influential national organization distinct from the federal and state executive departments described in Section VII and the corresponding legislative committees at these levels which are in charge of approving appropriations for public education expenditures. Established in 1966 through Executive Order, the PCMR is chaired by the Secretary of Health, Education and Welfare. The Secretary of Labor and the Director of the Office of Economic Opportunity also serve. Twenty-one citizens are appointed to three-year terms, with one-third of the appointments expiring each year. With a small permanent staff in Washington, and consultants in specialized fields, the PCMR's activities include: a) sponsoring of issue-oriented workshops; b) convening state and local officials and professional groups (such as lawyers) to consider the special needs of the retarded; c) publication of position papers; d) organizing media campaigns through the cooperation of the Advertising Council to increase public awareness of the problems of the retarded; e) sponsoring research studies; f) developing recommendations to the President for new programs to prevent or ameliorate retardation; g) collaboration with other federal agencies in developing services.

Racial Minorities and the Poor

In almost direct opposition to the sources of power described in the first section of this chapter, and frequently working independently of the private organizations described in the second section, are many local, grass-roots community groups. These groups, often originating out of more broadly-focused racial and social concerns, have sought increased control over the public school decisions which have traditionally been outside their influence. Not represented on school boards, superintendent or administrative posts, or teacher organization positions, individuals among racial minorities and the poor have exerted pressure upon the established power structure. Most recently, this pressure has been focused on the demand for increased "community control" of schools. L. Fein (in Levin, 1970, pp. 84-85) commented that

> The movement toward community control, as distinct from decentralization, derives not so much from the general crisis of effectiveness of the schools, but rather from the specific failure of the schools in dealing with the poor, and, more particularly, with black children. Indeed, it is unthinkable that we would now witness so dramatic a turn of interest to community control were it not for the civil rights movement and the crisis in black and white relations in America.

Historically, this focus on the schools as an agent of institutional racism dates back to the landmark *Brown v. Board of Education* (1954) Supreme Court decision aimed at desegregating the Southern schools. But it was not until the middle to late 1960's, with the rise of the "black power" movement, that urban school systems as a whole began to come under increasing attack as institutions of discrimination and racism. First voiced by militant activists, and later by many professionals within the field (Dunn's 1968 article was perhaps a landmark in this regard), it has been argued that urban public school education and particularly special education for the mentally retarded or emotionally disturbed/socially maladjusted have served to perpetuate the subordinate role of the non-white poor in American society.

Outside the citadels of basic policy-making, these groups have tended to rely on a variety of extra-legal means to dramatize their concerns. Such tactics have included parent-student school strikes or boycotts, sit-ins, and disruptions of board meetings. More traditional efforts at influence such as lobbying, petitioning, and requests for public hearings have of course also been exercised with varying success.

For special education in particular, the courts have recently proven a favored and effective vehicle for changing school policy. Litigation in the form of class action suits has sought to eliminate what is viewed as administrative and teacher indifference to the stigmatory labeling and misplacement of children into programs of questionable efficacy. Minority group parents have begun to demand a far greater share in this decision-making process, and have tended to be supported by the courts. In the light of further legal victories, such groups are certain to change the traditional alignment of power in the school systems, and in special education.

X. INFORMATIONAL RESOURCES

With the huge increase in programs and research in the field of special education in the 1960's, spurred particularly by the growing involvement at the federal level, strong programs of information processing and dissemination were launched. Some of the major informational resources presently available to both professionals and lay public in this field will therefore be outlined.

The CEC-ERIC Network

The ERIC network is a program of the Bureau of Research, U. S. Office of Education, and serves as a national information system which gathers, stores, and disseminates information on education. Through a chain of specialized regional clearinghouses, each of which is responsible for a particular educational concern, professional literature is processed into the Central ERIC collection.

Central ERIC describes its holdings in its monthly abstract journal, *Research in Education*. Most of the documents listed in this journal are reproduced on microfilm and in book form, and are made available for a small charge through ERIC's Document Reproduction Service.

At the national office of the Council for Exceptional Children (CEC) in Arlington, Virginia, is situated the ERIC Clearinghouse on Exceptional Children. This Clearinghouse is part of a broader information center for special education.

The CEC Information Center

When the ERIC Clearinghouse on Exceptional Children was created at CEC by the U. S. Office of Education, it was intended to be part of a larger, nationally oriented information center for special education. Since its inception in 1966, the Center has been designed to 1) serve as a comprehensive information resource on research and programs for handicapped children; 2) participate in the ERIC Network by cataloguing, abstracting, and indexing documents for ERIC products; 3) participate in the Special Education IMC/RMC Network (to be described in the next section); and 4) engage in the development of print and non-print products relevant to research in the field.

In 1970, organizational changes were made which resulted in the establishment of three major administrative units in the Information Center. These are:

1. *Information Processing Unit*—which abstracts and indexes documents. All entries are reported in the quarterly publication, *Exceptional Child Education Abstracts* (ECEA). Its function also includes answering of information requests from professionals and the lay public, and the maintenance of a comprehensive non-circulating library on the education of exceptional children.

2. *Information Products Unit* — this unit is largely geared to the needs of the special education research community. Efforts include the monitoring of current research projects and trends, through person-to-person communication with researchers, the development of research reviews, and the preparation and dissemination of print and non-print products on targeted topics in monographs, newsletters, and brochures.

3. *Information Utilization Unit* — this unit's goal is to develop and deliver information products geared for practical classroom concerns. Included in its function is the publication of the journal, *Teaching Exceptional Children*, and the issuance of studies dealing with special educational practice such as instructional materials development.

The Special Education IMC/RMC Network

Begun in 1964 under PL 88-164 out of U. S. Office of Education funds, there are presently over 300 local and state Special Education Instructional Materials Centers (SEIMC's). Originally intended to provide mainly materials, loans, consultations, and training, these centers have branched out and developed individually, so that some centers may, in addition, focus on demonstration classes, in-service training, or psychological and education diagnosis.

With the establishment of local centers, many states are in the process of developing intra-state SEIMC Networks, and a number of states already have full-time State Coordinators of Special Education Instructional Materials Services. Funding stems from a variety of sources, including Titles I, II, III, and VI of the Elementary and Secondary Education Act at the federal level, and also local, state and university support monies.

Table IV provides a summary of dissemination activities of the local (associate) and regional centers: these include lending of instructional materials, search and retrieval of materials on teaching consultation services and in-service programs, and evaluation of instructional materials.

TABLE IV. DISSEMINATION ACTIVITIES

Associate Center Responsibilities

Compile and maintain an updated directory and mailing list for ASEIMC geographic area. Provide RSEIMC with information on programs, personnel, and services in ASEIMC area on request.

Disseminate SEIMC state newsletter and other publications within the ASEIMC service area.

Disseminate SEIMC information and announcements throughout service area.

Maintain file of SEIMC Network materials, memos, etc.

Refer questions and requests concerning SEIMC services and functions to RSEIMC.

Sponsor in-service meetings and media materials demonstrations.

Arrange local teacher in-service offerings in the area of educational media.

Provide limited reference research services for users in service area and refer more difficult requests to RSEIMC.

Abstract materials as assigned by the Regional Center and as supplied by the Regional Center if not in the Associate Center collection.

Submit a comprehensive annual report to the appropriate Regional Center.

Regional Center Responsibilities

Survey service area to help ASEIMC establish and update mailing list. Routinely refer people from service area to the ASEIMC. Share information on people, programs, agencies, projects, etc., within the service area with the ASEIMC.

Provide newsletters and other publications in quantities for dissemination as they are published.

Send resource information and announcements to all ASEIMCs on priority basis. Make available audio visual presentations on the network concept to the ASEIMC on free loan basis. RSEIMC will provide in-service on materials, methods, and computer-based resource units. Provide collection loans to users in ASEIMC area.

Assist ASEIMC in developing basic files and send series of memos and other priority mailings to all the ASEIMCs, including the sharing of extra copies of materials with the ASEIMCs as materials become available.

Answer questions and research requests referred by ASEIMC and schedule workshops in the ASEIMC service area.

Aid in sponsoring in-service meetings and media materials demonstrations and provide field staff to help. Invite ASEIMC representatives to a state council of SEIMC liaison people.

Cooperate with ASEIMC staff and help with the attempt to involve local and State Education Department educational communications resources.

Provide needed consultative and reference research services at local, state, and national levels to ASEIMC personnel and users. Have periodic meetings to which ASEIMC personnel are invited or required to attend concerning new developments, approaches to be demonstrated and explained, etc.

Make available to ASEIMC abstract information from national sources, RSEIMC efforts, and other ASEIMC efforts. Organize abstracts in formal information retrieval system. Provide in-service on abstracting.

Represent state network nationally and with statewide organizations and activities.

(from Erikson and Blackhurst, 1970, p. 9)

XI. INTERACTION WITH OTHER SYSTEMS

Sectarian Systems

As noted in the section on labeling-and-placement, children who are likely to be labeled emotionally disturbed or mentally retarded by the public school (or who have already been so labeled) are sometimes removed by the parents and enrolled in parochial schools where such labels generally do not exist. Mercer (1970, 1971) has made reference to this phenomenon. In cases, however, in which the child continues to exhibit disruptive or non-scholastic behavior, expulsion from the parochial school frequently results, and the child is placed back in the public school, usually in a special education class.

Children under the care of sectarian agencies are sometimes taught by special education personnel from the public schools. These personnel work within the agency's school program.

The Mental Health System

A child in the public school who continues to exhibit behavior suggestive of emotional disturbance may eventually be considered for referral to the mental health system. In some school districts, mental health personnel such as clinical psychologists and psychiatrists are employed on a full-time or consulting basis to conduct initial evaluations. In other school systems, the guidance counselor, helping teacher, or principal may make the initial contact with the mental health system.

The child is then referred and a psychiatric or child guidance work-up is conducted. Based on recommendations from the work-up, together with reports from the principal and teacher(s) involved with the child, a decision is made as to whether the child's needs require the intervention of the mental health system.

If the decision is in the affirmative, several kinds of intervention are possible. The child may be removed entirely from the regular public school or special education class, and placed in residential or day-care facilities operated by the local or state mental health agency. Or, a variety of outpatient treatments may be utilized, such as once-a-week clinic visits for psychotherapy. In the latter case, the child is typically also enrolled in a special education program, such as a resource classroom within the public school, but also remains under the umbrella of the mental health system.

The Social Welfare System

A child whose family is receiving welfare money or services may be assisted by the school social worker if emotional problems are indicated. The school social worker works with the guidance counselor, teacher(s) and principal to coordinate school programs with the local department of social welfare. The social worker may coordinate services with the mental health system (e.g., the local community mental health program) if it is involved with the school child.

The Legal/Correctional System

Although practices differ widely from county to county across the United States, public school interaction with the legal-correctional system characteristically occurs in the following ways:

1. *Referrals.* Teachers, principals, visiting teachers, school psychologists, school guidance personnel or truant officers may initiate a referral to juvenile court. This most frequently happens in cases of truancy or neglect.
2. *Intake investigation.* Once a youth has been referred to the juvenile court for investigation, his school attendance and behavior will often be examined from school records. When this occurs, the school indicates in the child's records that he has been the subject of examination by the juvenile court. This notation frequently stays in permanent school records, regardless of the outcome of the investigation.

In school related offenses, a teacher, principal or other school personnel may serve as a witness, or be called in occasionally in an adjudicatory hearing to give testimony.

3 *Probation.* If and when the youth is placed on probation, a basic condition of his probation includes school attendance and adequate school performance.

Counter-cultural Institutions

If the child's parents are so inclined, the child who is in a position to be placed in special education, either for the mentally retarded or the emotionally disturbed (or who has already been labeled or placed), may be withdrawn from the public schools and enrolled in a variety of alternative education programs, such as "free schools."

The attitude of the parents is frequently that the school environment is itself harmful and destructive to the child, its labels of normality and deviance inappropriate, and its treatment programs part of the overall problem. Parents believe that, for instance, a child who is exhibiting behavioral or learning problems is doing so because of school demands and operating styles, seen generally as repressive and counter-productive to true learning and personal growth. It may be felt that the child is indeed experiencing emotional problems, and that the best treatment is the open, spontaneous environment associated with counter-cultural educational alternatives. Or, it may be felt that the "problem" lies entirely within the school and its narrow definitions of normality.

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THE TREATMENT OF DEVIANCE BY THE EDUCATIONAL SYSTEM: A CASE STUDY

by

Lynn Ellis

I. BACKGROUND

The Noah Public School District was among the first in the state to demonstrate concerns for the less able student through the creation of special education services. Since 1913 this district has sought to give tangible meaning to the words it adopted as its formal philosophy of education in 1965:

> We, the Board of Education, believe that all children are entitled to appropriate educational opportunities according to their individual needs and abilities.

The Special Education Department attempts to meet the individual needs of all pupils who experience difficulty in attaining success in the regular classroom.

The School Board of Noah has, however, recently experienced significant philosophical changes through inception of new members. A progressive superintendent of less than three years service was released and a new, much more conservative superintendent was hired. During the August, 1973 meeting the superintendent said, in part, "This school district has lost ground relative to other schools in the state over the last two years on the state assessment tests. This dictates our position. We will teach to the test!" This kind of statement has created an uneasiness in the Noah Public School District about the implications of the shift in philosophy which has taken place.

In spite of this recent upheaval, Noah is a typical middle-sized urban community school system. It has Black, Mexican American, Oriental, American Indian, as well as, white pupils. It enjoys a friendly relationship with a very strong local Civil Rights Commission and an active NAACP group.

The downtown section of Noah has begun to exhibit signs of urban degeneration. This has occurred relatively recently, and is therefore a major concern of the city.

II. THE EDUCATIONAL SYSTEM: NOAH PUBLIC SCHOOLS

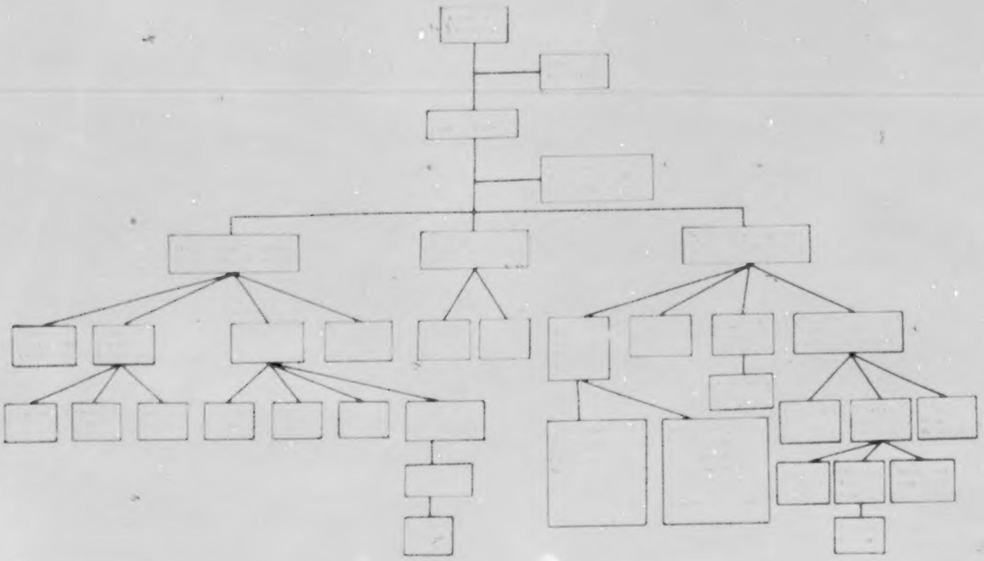
Facilities

Noah's classroom buildings are comprised of two public high schools plus a small facility which serves both the junior and senior high schools by providing a freer academic atmosphere for pupils who might actually or potentially drop out or be expelled. Noah has four junior highs, and twenty elementary schools. Additionally, there are Catholic schools in the city. The parochial schools are relatively autonomous, but due to partial public funding are significantly influenced by public school policies. The parochial school system is made up of a high school, four elementary schools, and combination elementary-middle school.

Noah Public Schools has a central administration building which houses the Superintendent and most of his immediate staff, plus the Special Education and Pupil Services central staff. The remainder of the school system's higher administrative officers are housed in a new facility called the Services Facility and Warehouse. Certain other school administrators are housed in a converted city office building.

Personnel

Noah employs 37 principals, assistant principals, and supervisors. There are 572 classroom teachers, including pre-kindergarten, special education, and vocational education teachers. There are 12 librarians, 16 guidance staff, and 3 psychologists. Noah employs 99 teacher aides and 92 clerical aides. The school district is staffed by 30 professional non-instructional personnel, which includes school social workers and administrative staff. Food service personnel, transportation personnel, janitors, and maintenance personnel make up the remaining 264 employees. The total school system staff as of September 28, 1973, numbered 1115.



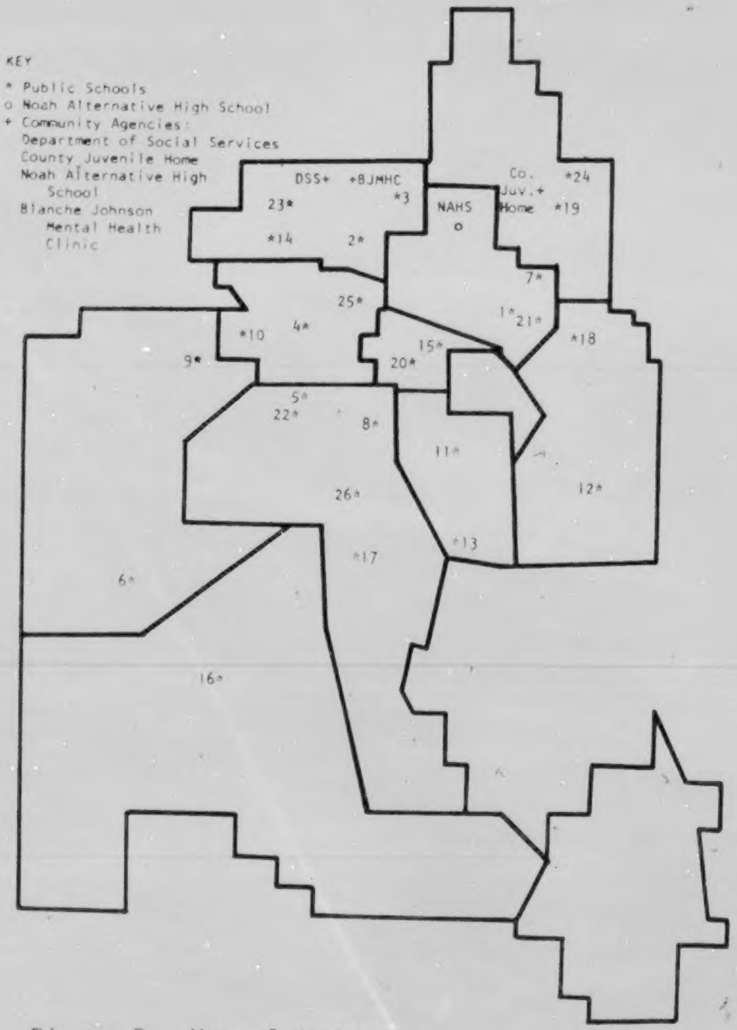


Figure 2. Map of Noah.

Size and Racial Characteristics of the Student Population

The Noah Public Schools has 12,531 pupils enrolled in all of its full-time educational programming as of September 28, 1973, plus approximately 3,050 pupils in the parochial schools. The population of the city is 45,000. The school system estimates that approximately 700 school age children in the city are not in school. The school population is approximately 16.5 percent Black, 1.3 percent Spanish surnamed, 0.3 percent Asian American, and 0.1 percent American Indian. The remaining 81.8 percent are generally assumed to be white. (The school records classify all pupils not falling into the categories of Black, Spanish surnamed, Asian American, or American Indian as "other," and it is presumed that they are white.) Figure 2 shows the locations of Noah's public schools.

In 1968 racial problems erupted in the schools in Noah. The result of this was adoption of a desegregation plan on April 21, 1972. Bussing is being utilized to establish racial balance in the schools.

Though bussing has been instituted to achieve racial equality, the poorer neighborhoods still feed essentially the same schools which they have previously.

III. SPECIAL EDUCATION SERVICES

Location of Special Education Services by Building

Table 1 depicts the location of Special Education Services in Noah by building. Each category of service is listed for each school building with a further breakdown of the type of service provided for each category. On the chart, C means self-contained classroom, RR means resource room, and T-C means teacher-consultant. In addition to the services indicated, there are seven school social workers and three school psychologists which serve the twenty-seven school buildings in Noah.

TABLE I. SPECIAL EDUCATION SERVICES IN NOAH

CATEGORY OF SPECIAL EDUCATION SERVICE

SCHOOL	EDUCABLE MENTALLY IMPAIRED			EMOTIONALLY IMPAIRED			HEARING IMPAIRED			VISUALLY IMPAIRED			PHYSICALLY IMPAIRED			SPEECH IMPAIRED	LEARNING DISABILITIES		
	C	RR	T-C	C	RR	T-C	C	RR	T-C	C	RR	T-C	C	RR	T-C	CORRECTION	C	RR	T-C
ELEMENTARY #1	1	1					2									1*			
ELEMENTARY #2	1		1*	1									2			1*			
ELEMENTARY #3			1							1*						1*			
ELEMENTARY #4			1*													1*			
ELEMENTARY #5			1*				1									1*			
ELEMENTARY #6			1*													1*			
ELEMENTARY #7			1*							1*						1*			
ELEMENTARY #8			1*													1*			
ELEMENTARY #9																1*			
ELEMENTARY #10																1*			
ELEMENTARY #11			1	1												1*			
ELEMENTARY #12			1*													1*			
ELEMENTARY #13			1*													1*			
ELEMENTARY #14																1*			
ELEMENTARY #15			1*													1*			
ELEMENTARY #16													1			1*			
ELEMENTARY #17		1														1*			
ELEMENTARY #18	1		1													1*			
ELEMENTARY #19			1*													1*			
ELEMENTARY #20							2									1*	1		
JUNIOR HIGH #1	1		1													1*			
JUNIOR HIGH #2		1														1*			
JUNIOR HIGH #3			1									1		1		1*			
JUNIOR HIGH #4	1	1					1									1*			
HIGH SCHOOL #1	1	1	1*													1*			
HIGH SCHOOL #2	1	1							1				1			1*			
ALTERNATIVE HIGH			3*			1*										1*			

*=part-time

Elementary School Number 2 houses an occupational therapist and a physical therapist. The learning disabilities program at Elementary School Number 20 is run by the Intermediate School District. Intermediate School Districts are so named because they were created to fulfill an overseer function as well as a coordination function at an intermediary level between the State Department of Education and the local school systems. These Intermediate School Districts in Noah's state are generally established according to county boundaries, but in the less populated areas several counties are combined to form an ISD. Since the implementation of mandatory special education, the ISD's are, in many cases, providing services on a contractual basis to the smaller local districts which cannot provide a program appropriate for the small number of special students in particular special education categories. The ISD and Noah Public Schools each provide a teacher for the above mentioned learning disabilities program. Also, the ISD and NPS cooperate in their sponsorship of the Visually Impaired, Hearing Impaired, and Physically Impaired programs. NPS also provides special education services to out-county school districts on a contractual basis through the county district.

In addition to the special education services listed in Table I, Noah Alternative High School provides remedial academic instruction; motivating activities in the form of field trips, intramural-type sports activities, etc., and intensive counseling regarding the value of a successful school experience. This school provides the most "special" education available to secondary level pupils in the city of Noah.

Special Education Personnel

The director of Special Education and Pupil Services. This man is concerned with doing what he can to better the educational opportunities of all children in need of special education services. Mr. B. is, however, also gravely concerned about avoiding litigation, and bringing his school district into compliance with the recently effectuated Mandatory Special Education Law. In implementing his educational goals, Mr. B. seldom challenges a teacher, parent, or other school personnel directly, but tends to hedge and continue to present new evidence until the "correct" decision has been reached, he becomes convinced that another decision is most acceptable, or he decides that a compromise is necessary. Mr. B. practically never adopts a direct confrontation style in achieving decisions or compromises; rather he employs an oblique decision-making style.

School psychologist. There are three school psychologists. They vary in style and motivation level. One is a very motivated and conscientious person who seeks referrals and consistently is available for consultation and/or in-service training with teachers. A second, although equally conscientious is, perhaps, less proficient and less skillful. The third school psychologist is perceived by some staff members as having little motivation and having to be prodded to perform some of the basic stipulations of the school psychologist's job description. This third psychologist has ample training and experience, but seems to have become cynical about school systems, teachers' use of his advice, and the value of his work.

School Social Workers. Noah Public Schools employs seven school social workers. As with the school psychologists, their motivation and style vary. One worker gave this observer the impression of a dedicated individual who is apparently willing to work through any necessary red tape, work around any rules that are obstructive in her attempts to serve children, and initiate involvement in instances where no one else is taking the initiative, rather than waiting for referrals. The remainder of the social work staff apparently wait for referrals; the effectiveness of the interventions depends upon the motivation, skill, and interest of the individual social worker.

Teacher-consultants. There are teacher-consultants for each of the state-supported special education programs in Noah. See Table II for a breakdown of the number of T-C's in each program. Each of these practitioners operates according to his own predilection. For example, the teacher-consultants for the Educable Mentally Impaired function as tutors for children who are not achieving at a normal rate. A small amount of their time (perhaps five percent, according to one teacher-consultant) is used in consulting with regular classroom teachers. "Teachers want to get their problems out of their hair, whether the children are not learning or misbehaving. They don't want us coming in and telling them how they could do better. There are a few rare exceptions, however." Teacher-consultants attend the Educational Planning and Placement Conferences if there is a likelihood that their services will be employed with the child being evaluated and planned for. The teacher-consultant may do some informal achievement evaluations or classroom observations of a child whom a teacher has referred for possible placement in a program for the Educable Mentally Impaired, and present facts and opinions regarding the child at the Conference.

The five teacher-consultants for the Emotionally Impaired are much less involved with children than are the teacher-consultants for the Educable Mentally Impaired. These individuals appear to

TABLE II. TEACHER CONSULTANTS IN NOAH

CATEGORY OF TEACHER-CONSULTANT	NUMBER EMPLOYED
Educable Mentally Impaired	10
Emotionally Impaired	5
Hearing Impaired	2
Visually Impaired	1
Physically Impaired	1

spend much of their time doing behavioral charting of children and teachers, for the purpose of diagnosis and/or designing a behavior modification plan. Teachers may request assistance in dealing with unacceptable (to her) behaviors that a child is displaying, but this is an infrequent event. More often the teacher refers the child for assistance in adjusting his behavior through the program for the Emotionally Impaired. Before the Educational Planning and Placement Conference (EPPC) takes place, the teacher-consultant for the Emotionally Impaired observes the referred child in his normal classroom setting. This consultant then attends the EPPC and adds comments from his observations to the evaluative and planning aspects of the EPPC. A small amount of working time of teacher-consultants for the Emotionally Impaired is employed in personal counseling for pupils. Sometimes this amounts to taking the child out for a walk, playing a game with him, or discussing "his problem(s)" with him.

The two teacher-consultants for the Hearing Impaired work directly with students. They function as itinerant teachers, as do the teacher-consultants for the Mentally Impaired in the Noah school district. Ninety-five per cent of the time of the teacher-consultants for the Hearing Impaired is spent doing speech and language development activities with individual children. A smaller amount of time, less than five per cent, is spent observing and doing informal screenings on children that teachers feel may have a hearing problem. They present conclusions drawn from these observations and informal screenings at the EPPC if such a meeting seems warranted. Teacher-consultants for the Hearing Impaired, as well as other teacher-consultants in the Noah school district, do as much as is legally permissible, without shunting the child into a special class and thereby labelling him as so different that his needs cannot be met by the normal program. State law stipulates that special education consultants may not give more than ten consecutive class days of service to a child without formal placement—and concurrent labelling of the child.

There is one teacher-consultant for the Visually Impaired. This person does screenings, recommends special materials to teachers who are having difficulty teaching a child with a vision problem, and sits in on EPPC's which involve visually impaired individuals.

There is one teacher-consultant for the Physically Impaired. This teacher functions essentially as a resource teacher for a great variety of students experiencing difficulty in academic performance at one of Noah's high schools. This teacher-consultant states that most pupils she works with are "brain damaged." Their physical impairment is assumed to be the damage to their brains.

There are, also, nine speech therapists in Noah. These specialists work as itinerant teachers also. Each therapist is assigned a group of schools. From those schools assigned to the individual speech therapist, he/she accepts referrals from classroom teachers of children having speech problems, certifies pupils he/she feels need on-going service, works informally — not more than ten successive school days — with those needing minor assistance, and makes suggestions to the teachers of those pupils who can perform in the regular classroom with realistic amounts of special attention from the regular classroom teacher.

TABLE III. SPECIAL EDUCATION CLASSROOM TEACHERS IN NOAH

CATEGORY OF CLASSROOM TEACHER	NUMBER EMPLOYED
Educable Mentally Impaired	7
Emotionally Impaired	2
Hearing Impaired	6
Visually Impaired	2*
Physically Impaired	4

*each is in session for one-half day only

Special education classroom teachers. Table III depicts the number of classroom teachers of each type represented in the Noah Public Schools' Special Education Department. Special education classroom teachers tend to teach most adequately in the area of their specialization, but the new law appears to allow pupils of any category to be served by any special education teacher. This has not, up to now, caused problems for the classroom teachers, as only pupils fitting the category of the teachers' specialization have generally been placed in their classrooms. A special education classroom in Noah is not atypical. Other detailed descriptions of special classrooms exist and might be substituted here. Briefly, the teacher individualizes the instructional program to meet the needs of each student with the goal of "catching the student up" with his age-mates whereupon he may reenter the normal program. This goal, though admirable, is not frequently achieved.

TABLE IV. RESOURCE ROOM TEACHERS IN NOAH

CATEGORY OF RESOURCE ROOM TEACHER	NUMBER EMPLOYED
Educable Mentally Impaired	6
Emotionally Impaired	0
Hearing Impaired	0
Visually Impaired	0
Physically Impaired	1

Resource room teachers. Table IV indicates the number of resource room teachers working with each impairment category of pupils in the Noah Public Schools' Special Education Department. Resource rooms have also been described at length in the literature. Resource rooms give whatever supportive academic assistance is needed to allow a student to remain for a portion of his school day in his regular classroom. However, resource room teachers frequently complain that they must serve children they do not feel qualified to teach. In practice the resource teacher often serves "crisis teacher" functions. Also, while the resource rooms are established in the various categories of impairment, presumably manned by a teacher qualified to teach in that specific area, in practice all manner problems are handled by the resource teacher. This can, of course, be beneficial to students, given the best possible teacher, but the room can become a dumping ground for the pupils that regular classroom teachers cannot handle if all involved personnel do not have the best interests of the studerts in mind.

Discussion

There is a strong behavior modification emphasis in the Noah Special Education programs, especially in the program for the Emotionally Impaired. This is in keeping with the director's philosophical stance that these people must be modified to exhibit more appropriate behaviors if they are to succeed in society. In both the Educable Mentally Impaired and the Emotionally Impaired programs, behavioral objectives for the child are written by a team which includes a teacher-consultant, the child's teachers (past regular classroom and future or current special education), sometimes the principal, psychologist, director, or parents. When a child has attained success at these behavioral objectives he is re-evaluated and new behavioral objectives written or he is reentered into the regular educational program with or without resource assistance.

IV. CLIENT PROCESSING PATHWAYS

Identification and Tracking of Special Education Students

The flow chart (Figure 3) depicts how a child becomes identified and eventually becomes a special education pupil. As can be seen, there are several ways in which a child may be identified as needing a special education.

Referral. The first and most important decision point according to Mercer (1972) is the identification of the child as different. This is most commonly done by the teacher. Much less frequently parents inform the school or their doctor of their concern about the child. Thus, doctors are the second source of referrals, and parents the third.

The referral procedures followed in Noah are imbedded in the flow chart of the child's educational career pathway. When the regular classroom teacher refers a child, she contacts the principal, who contacts the parents or asks the teacher to do this for him. At this point, there is variance among Noah's schools. Some principals go immediately to the Director of Special Education; most attempt to solve the problem within their building. If they go directly to Mr. B., he outlines the resources that might be mobilized within the school building.

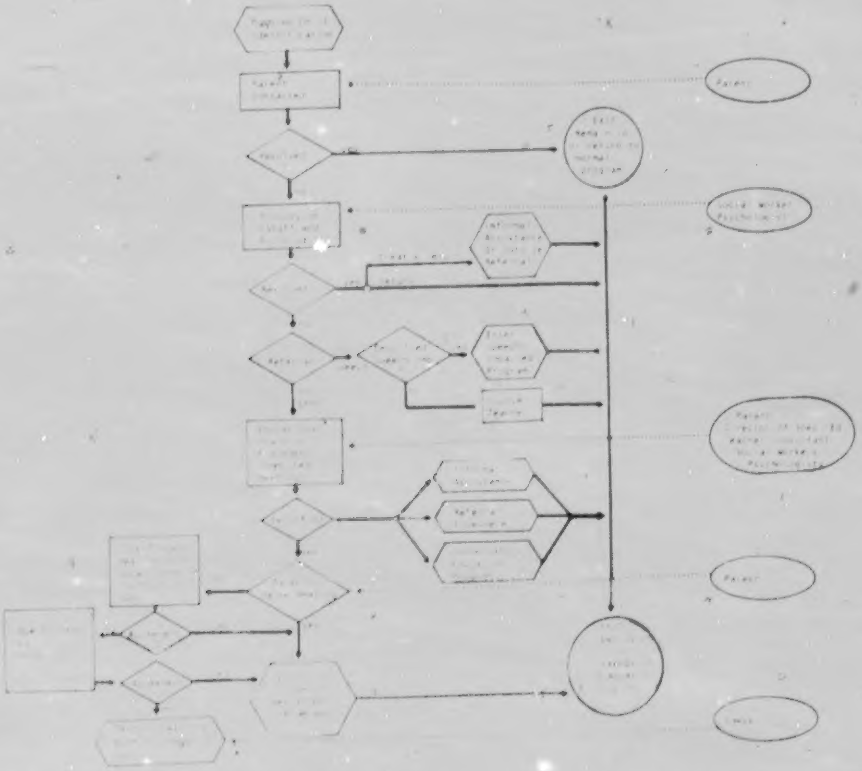


Figure 3. Educational System: Client Processing Pathway

Informal meeting. In general, if the problem is not so minor that it can be solved through discussion between the teacher and/or principal and parents, there is a meeting of the school staff. Such a meeting may involve the school principal, the child's teacher, the school social worker, the school psychologist, one or more special education teachers, and one or more experienced teachers, or any combination of two or more of this group. This meeting is the second major decision point. It is here that the decision is often made to try to place the child in special education.

If the group feels that some form of special education would be appropriate for the child, they request permission from the parents, in writing, to evaluate the child. This procedure is not legally required by the new Mandatory Special Education Law, but it was instituted by the Director to assure that communication with the parents is initiated early in the process of evaluation and placement. In the text of this form parents are notified that they will be provided with copies of all written records made on the child being considered for special education services. Mr. B. introduced this and emphasized its importance to the school board in September, 1973. It was voted upon, and has since been official public school policy in Noah in special education cases.

There are four possible decisions which may be made at this informal meeting of the staff. The teacher may be convinced that the child really is not abnormal and he may be retained in the regular program with or without consultation from a teacher-consultant, psychologist, or social worker. The group may decide that the student needs short-term supportive help (allowed by state law for up to ten consecutive school days without certification of the child as "special"). The third possible choice is referral to some outside agency for supportive services. Examples of outside agencies used at this juncture are the Big Brother program, the Family Service Organization, the Community Mental Health clinic, a physician, or other volunteer or public agency. The fourth possible choice is available to secondary pupils only. It is placement at the alternative high school (Noah Alternative High School). If a pupil is failing, is manifesting behaviors that are likely to result in his expulsion from school, or has or is perceived to be about to drop out of school, he may be referred there. There he will be given counseling and group tutoring in the basic academic subjects and referred to the school from which he came when he and/or the alternative school personnel feel he is ready.

The Educational Planning and Placement Conference. If none of the above alternatives appear to be the solution to the problem, or if they are tried and do not ameliorate the problem, an Educational Planning and Placement Conference (EPPC) is called.

In this session a group of educational professionals and the parents discuss the best possible placement that they, as a group, can develop for the child. The legal requirement is that the EPPC include, as a minimum, a representative of the administrative personnel (most likely the principal), instructional personnel, and diagnostic personnel; and that the parents be invited to attend when their child is involved.

It is in this meeting that the director plays the most powerful role. Many of the regular public school staff, including principals and teachers, have stated that they are inclined to go along with whatever Mr. B. suggests. The major function of this meeting is to plan the best possible program for the child, but the most important action taken, from the child's perspective, is certification or non-certification. This committee is the only group of people who can declare a child eligible or ineligible for special education services that require certification, with one exception. The decision to provide speech therapy is not made by an EPPC. The speech therapist certifies Speech Impaired children and teaches them. All other special education clients must be certified by the Educational Planning and Placement Committee.

Certification for Special Education Services

Certification standards. The child may be certified as eligible for special education according to the state guidelines which say that:

"*Educable Mentally Impaired*" (EMI) means a person identified by an educational planning and placement committee, based upon a comprehensive evaluation by a school psychologist, certified psychologist, or certified consulting psychologist, and other pertinent information, as having all the following behavioral characteristics:

(a) Development at a rate approximately two to three standard deviations below the mean as determined through intellectual assessment.

(b) Scores approximately within the lowest six percentiles on a standardized test in reading and arithmetic.

(c) Lack of development primarily in the cognitive domain.

(d) Unsatisfactory academic performance not found to be based on his social, economic and cultural background.

"*Emotionally Impaired*" (EI) means a person identified by an educational planning and placement committee, based upon a comprehensive evaluation by a school psychologist and social worker, a certified psychologist, a certified consulting psychologist, or a certified psychiatrist, and other pertinent information as having one or more of the following behavioral characteristics:

(a) Disruptive to the learning process of other students or himself in the regular classroom over an extended period of time.

(b) Extreme withdrawal from social interaction in the school environment over an extended period of time.

(c) Manifestation of symptoms characterized by diagnostic labels such as psychosis, schizophrenia, and autism.

(d) Disruptive behavior which has resulted in placement in a juvenile detention facility.

"*Hearing Impaired*" (HI) means a person identified by an educational planning and placement committee, based upon an evaluation by an audiologist and otolaryngologist, and other pertinent information as having a hearing impairment which interferes with learning.

"*Visually Impaired*" (VI) means a person identified by an educational planning and placement committee, based upon an evaluation by an ophthmalogist, or equivalent, and other pertinent information as having a visual impairment which interferes with learning and having one or more of the following behavioral characteristics:

(a) A central visual acuity of 20/70 or less, in the better eye after correction.

(b) A peripheral field of vision restricted to no greater than 20 degrees.

"*Physically Impaired*" (PI) means a person identified by an educational planning and placement committee, based upon an evaluation by an orthopedic surgeon, internist, neurologist, pediatrician or equivalent, and other pertinent information, as having a physical or other health impairment which interferes with learning or requires physical adaptation in the school environment.

"*Speech Impaired*" (SI) means a person certified by a teacher with full approval as a teacher of the speech and language impaired, who has earned a master's degree and has completed at least five years of successful teaching of the speech and language impaired, as having one or more of the following speech, oral language, or verbal communication impairments which interferes with learning or social adjustment:

(a) Articulation which includes omissions, substitutions or distortions of sound.

(b) Voice with inappropriate voice pitch, rate of speaking, loudness or quality of speech.

(c) Fluency of speech distinguished by speech interruptions (blocks), repetition of sounds, words, phrases, or sentences which interfere with effective communication.

(d) Inability to comprehend, formulate and use functional language.

Concerns about the new certification standards. Many of the dedicated educational professionals in Noah have become very displeased with the new law. Previously these people had been bound only by honor to place only appropriate children in special education. Now they feel they are not able to "sneak in" a child who they believe will benefit from the program, if he is not eligible according to the law. The staff feels that children have not been mislabelled in the Noah Public Schools. The director is the only person who feels that special education has perpetrated injustices upon children in Noah. He feels that much of the litigation around the nation regarding improper special class placements has been warranted. He acknowledges, however, that regular education has not and is not providing the needed supportive services to children who cannot be legally categorized as special but who are failing and thereby developing unacceptable behaviors or immobilizingly negative self-concepts. It is the director's hope that the new mandatory law affecting Noah will create an awareness of the need for a more supportive and accepting philosophy within the regular educational program. It will be necessary to develop a new concept of regular education in the educational community as well as the community at large in Noah. If Mr. B. is able to implement this concept, an addition to the current four alternatives available to the ineligible student (see Figure 3) experiencing failure and/or disenchantment with the public school system in the city of Noah will have been created.

Due Process

Once the child is certified and duly labelled in accordance with the criteria specified for each label, the parents of the child are asked to sign a waiver of a "due process" hearing. It is hoped, in Noah, that a high level of communication will occur from initial identification of the child in need of supportive services between public school personnel and the parents of said child. Such a process, it is felt, will reduce the incidence of parental unhappiness with the school's recommendations.

The intent, of course, of the "due process" hearing is to assure that the parents have had the opportunity to be heard regarding the determination of the appropriate educational program for their child. Noah's educational personnel want to encourage, even coerce if necessary, the parents to become more intimately involved in the educational planning for their offspring. At this point, the weight of the decision-making responsibility falls most heavily on the parents. Though the implementation of the new mandatory law is just beginning and it is as yet too early to tell what the result of being required to sign a waiver form will be, it is hoped in Noah that this kind of hearing can be avoided through parental involvement and through "soft sell" of the program that the educational personnel feel is most appropriate for the child.

Sources of influence in the certification process. As the chairman of the EPPC's and the most thoroughly informed authority on the state Special Education Code, the director is the single most influential figure in the decision-making process. In many borderline cases he utilizes his oblique administrative style to direct the decision to desired final recommendations. Other personnel make very important contributions to the decisions. The source of influence varies from case to case.

The second largest number of certified special education pupils in Noah are the Educable Mentally Impaired (EMI). This is, however, the group of greatest concern, because this group requires much greater resource allocation than any other single group. The largest number of pupils in one program are the Speech Impaired, but often no more than one hour of teaching time is spent with each of these pupils per week, while most pupils in the Mentally Impaired program are with their teacher from one hour per day to six hours per day five days per week. There are 131 EMI children receiving special education. This includes those served by special classrooms and resource rooms. The most important person in the process of certifying these children is the school psychologist. The intelligence quotient is still the most significant determiner of who is placed in these classes. Other influential factors are level of academic achievement and social maturity. The psychologist, in collaboration with the child's teacher, evaluates these factors. In practice, Noah school officials treat item (d) in the definition of EMI (See above) in a legalistic way. If the school personnel feel they might conceivably become embroiled in a legal conflict because parents are against the special education placement of their child, the school personnel are likely to refrain from placing the child in special education. Thus, the child is not evaluated on the basis of whether or not his social, economic, or cultural backgrounds contribute to his academic problems, but whether or not his parents might use this standard to bring legal action against the school. The provision made in Noah as in other school systems throughout the nation for "culturally deprived" students is the Compensatory Education Program which falls within the jurisdiction of regular education and does not borrow educational knowledge, techniques and skills from special education.

In the case of children labelled Emotionally Impaired (EI) in Noah, the teacher appears to be the most influential person in the decision-making process. It is she who describes the behaviors of the child and explains what it is about him that makes it "impossible for her to do her job." Teacher-consultants for the EI in Noah observe the child in his regular school setting after he is referred by a teacher. This practice, however, often has little effect on the teacher's attitude toward the child and if the teacher continues to feel that the child is "Emotionally Impaired" he will be given some kind of special service. The focus of concern is rarely turned upon the teacher's expectations, biases, or contributions to the problem. If she feels he is disturbing the progress of learning in her class, he is likely to be treated. There are only nine pupils now placed in classrooms for the EI in Noah. This may be a function of excellent teachers who are very accepting of wide variances in the behavior of children, or it may be that the children exhibiting problem behavior to their teachers are shuttled off for therapy or time out of regular class with teacher-consultants for the EI. The latter service is utilized more frequently than some of the teacher-consultants feel is appropriate. Officially there are 17 pupils now receiving teacher-consultant assistance as EI. Also, some school social workers do have therapeutic roles with these students.

The Hearing Impaired (37 pupils), Visually Impaired (10 pupils), Physically Impaired (29 pupils), and Speech Impaired (436 pupils) are generally much more objectively assessed. This population's "problems" are much more definitively theirs rather than society's, and not nearly as controversial. There is often less stigma attached to these impairments. Also, it would appear that in Noah, as well as across the nation, there has been much less misuse of the Hearing, Visually, Physically, and Speech Impaired labels.

Programs for Non-Certified Students

Mr. B is currently formulating a plan for providing some kind of supportive services to all pupils who are not attaining success in the Noah Public Schools, but who do not meet the certified standards necessary to be qualified for special education. He feels that the role expectation of students has become too narrow. A wider range of pupil performance must be accepted as normal, and therefore programmed through regular education. He feels, also, that a wider range of educational goals must be provided for many students. He sees this as a way of making the schools more responsive to the needs of children, rather than making children believe that there is one "good" way to be which is like the middle-class white teacher.

Discussion

Building principals in the Noah Public Schools rarely question the knowledge and expertise of their Director of Special Education. He is a highly esteemed individual, who because of his particular style, maintains a very personal control of special education services. This tends to make the special education services in Noah essentially a reflection of Mr. B.'s interest, intentions, and motivations. A good indicator of these factors are his action in incorporating the changes directed by the mandatory law into the special education programs in Noah.

Mr. B. endeavors intently to meet the legal requirement of the Mandatory Special Education Law. He has even anticipated it and effected changes that were required by the law before the law was made public, and long before it became binding. Mr. B. has taken the initiative to write to persons involved in special education litigation in order to provide himself with the most current possible information on the subject.

So it can readily be seen that Mr. B. is not an average director of special education, but a very earnest administrator who is very active in providing the best special education program that he and his staff can create and deliver to the children trusted to them for educational development in the city of Noah.

This typical middle-America city has a dedicated group of individuals under Mr. B.'s direction serving its middle-city population even though there may be individual exceptions on the staff.

Mr. B. is concerned about the numbers of minority students currently enrolled in special education programs. He states that he has achieved a proportion of students in segregated special classrooms roughly equivalent to the minority population in Noah. It remains true, however, that significantly more minority and poor students appear in all special education programming than would be true if specialness, as operationally defined by placement in a special education program, were equally distributed throughout the population of Noah.

Other professionals in Noah have other concerns. Most who work with children are concerned about individuals, and about how each aspect of the educational community is affecting the lives of these individuals. One teacher-consultant for the Educable Mentally Impaired is particularly concerned about the way the new mandatory law hampers him from doing the things with some young people that he feels were definitely productive for the individuals involved. He is supervisor of the work-study program for the Educable Mentally Retarded. He feels strongly that whether the individuals in his program are retarded or not, they are not benefiting from the regular academic program. He has seen many individuals come through his program who have later maintained jobs, homes, and families. He has seen other individuals similar in most observable ways, who have not had the training he could have given them who have been "parasites on society." Mr. H. has frequently stated that he may have to begin a residential school to provide services to some pupils that this new mandatory law prevents him from offering.

Mr. H. and others who share this view have prevailed upon Mr. B. to attempt to do something to avoid "dumping" pupils from programs that appear to be their first successful scholastic experience. Mr. B.'s answer to this has been mentioned earlier in this paper in a different context: the school system should create a new program similar in nature to the compensatory education programs, but differing in philosophy in that the proposed program would be adaptable to the pupil, rather than attempting to adapt the pupil to the regular program. The regular program is seen as too narrow to meet the needs of the great variety of pupils who come to Noah's public schools. Additionally, Mr. B. has proposed that all pupils currently benefiting from the special program be phased out slowly. He is proposing to parents of pupils benefiting from the special classes, but not eligible for them under the mandatory law, that their children be maintained in them until another program is available or the end of the current school year.

If the next school year begins without a new educational program designed for these children, I would expect that some dedicated person associated with Noah's public schools would counsel the parents of these educationally-unprovided-for young people to bring litigation against the Board of Education of Noah.

It might be predicted that as mandatory special education laws become legislated in more and more states the problem that schools will need to face most frequently in the future is invariant programming. School systems will begin to realize, hopefully, that socialization's goal should not be to make all children as alike as possible. Rather, it should be to encourage every child to develop his capacities to the fullest—this is "appropriate educational opportunity according to . . . individual needs and abilities."

V. RACIAL ISSUES

Black Over-representation in Special Education

The population of Noah is 45,484. Of this total, 39,183 are white and 5,945 are Black. Therefore 13.1 per cent of the population of Noah is Black. It is alarming to note that 25 per cent of the children in a random sample of Noah's special education population are Black, while only 13.7 per cent of the pupils enrolled in regular education are Black (Table 5). The special education population sampled was 15.9 per cent of all pupils enrolled in classrooms, resource rooms, or teacher-consultation service in programs for the Educable Mentally Impaired, Emotionally Impaired, and Physically Impaired. By chance, no Visually Impaired pupils were drawn through our random sampling process. This is not surprising as only two half-time classrooms and one full-time teacher-consultant serve a total population of ten pupils in this program. In Noah, Blacks are approximately twice as likely as whites to be placed in special education classes.

It is interesting that there remains a disproportionate number of Blacks in special education, since considerable compensatory education money has been used to upgrade the educational status of culturally deprived students, mostly minorities. This year in Noah, $481,185 is expected for the cultural enrichment and hot lunch programs for the culturally disadvantaged.

Black Over-representation in Educable Mentally Impaired Program

Noah has proportionately more minority pupils in the program for the Educable Mentally Impaired than any other special education program. In the sample analyzed (13.9 per cent of the special education population, N=54), 92.3 per cent of the Blacks in special education were in the program for the Educable Mentally Impaired. This is to be compared with only 56.8 per cent of the whites in special education who are in the program for the Educable Mentally Impaired. On the other hand, 36.4 per cent of this program enrollment is Black while 63.6 per cent is white. This distribution is typical nationally but the reasons for it are being widely debated by such writers as Jensen (1972), Hernstein (1971) and Jencks (1972), etc.

Further analysis of the kind of service, i.e., self-contained classroom, resource room, or teacher-consultant service, indicates that classrooms for the Educable Mentally Impaired are made up of 28.6 per cent Black students and 71.4 per cent white, while resource rooms contain 50 per cent Black and 50 per cent white students, and teacher-consultant service is divided such that 20 per cent of the pupils are Black and 80 per cent are white, as shown in Table 6.

Remembering that 25 per cent of the special education population is Black (Table 5), it is apparent that slightly more Blacks than one would expect are placed in special classrooms, twice as many Blacks as one would expect are being provided resource room service, and slightly less than one would expect are receiving teacher-consultant service. It is widely known that the Director of Special Education has made a conscious attempt to lower the percentage of Black pupils in EMI classrooms. Effectively, he has done this by placing them in the resource room program. (But apparently the whites still are getting more than their share of the individual tutor. See description of the function of the EMI teacher-consultant above.)

Marital Status Differences Between Races

Though the above facts are startling, it would, or course, be unfair to the concerned individuals of the special education staff to fail to note that in our sample of special education pupils, only 50 per cent of the Black pupils' natural fathers were in their homes, while 87.5 per cent of the white pupils' natural fathers were still in their homes. The upheavals of broken marriages must be expected to have negative effects on the learning as well as the behavior of a child. It is, however, surprising that a larger proportion of the Blacks in special education classes are not in the program for the Emotionally Impaired considering the relative instability of the marital relationships. In the sample population, no Blacks were found to be in the program for the EI. As noted in an earlier section of this paper describing the program for the EI, only nine children are currently enrolled in classes in this program. There are no resource rooms for the EI and only seventeen students are seen by teacher-consultants for the EI. It may be that pupils with emotional problems in this school system are treated prior to the point at which they would necessarily be placed in a special classroom for EI. An alternative explanation is that emotional problems manifest themselves as learning problems and children with learning problems are treated as Educable Mentally Impaired (EMI). It appears that in Noah the EMI label is less stigmatizing than the EI label

Drop-out Rates by Race

A drop-out report prepared by the past director of special services in Noah gives the drop-out rate by race as 8.3 per cent for Blacks, 6.3 per cent for Spanish-surnamed, and 5.4 per cent for whites in grades seven through twelve during the 1971-1972 school year.

Desegregation Plan

The racial distribution in the city of Noah does not give indications of the amount of special education services which will be provided in particular schools along racial lines because a desegregation plan was adopted in April of 1972. This program buses children from schools with high minority representation to schools with low minority representation, such that all schools have nearly equal minority percentages.

VI. INTER-AGENCY REFERRAL BETWEEN NOAH PUBLIC SCHOOLS AND OTHER CHILD CARE-GIVING AGENCIES

Essentially all referrals to Noah's special education department come from teachers, parents, and physicians. Referral frequencies come in the same order as the sources are listed. Referrals to other agencies by the special education department are rare indeed. The total school system including special education refers ten to fifteen children per month to the health department for physical examinations, when problems are seen by the teacher that parents are apparently not having treated. The health department usually informs the parent that the child should see a doctor.

Approximately fifteen children and youths are referred to the Juvenile Court each year. Though no differentiation of the reasons for these referrals is recorded, the person in charge of contacting the Court states that at least one-half of the children referred are as abuse and neglect cases in which the school is attempting to protect the child through the Court. Less than one per cent of the special education population are referred by the Department of Special Education to the Department of Social Services for aid, and the same is true regarding referrals to the Blanche Johnson Mental Health Clinic. The reason given for this is that the school system has its own psychologists and social workers.

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THE TREATMENT OF DEVIANCE BY THE LEGAL-CORRECTIONAL SYSTEM: HISTORY

by

Lee Atkinson

I. INTRODUCTION

In the United States, the juvenile court system and its appendages bear primary responsibility for the treatment of juveniles termed "delinquent," "dependent" and "neglected" children. The mandate for such care arises from the history of civil law as well as the history of criminal law. In this paper we shall first examine the historical precedents of juvenile jurisdiction, and describe critical events which shaped the institutions associated with the juvenile court system. The second part of the paper will deal with the evolution of treatment modes employed by the courts. The last section will survey some current theoretical interpretations of the history of the juvenile court systems.

II. THE HISTORY OF THE JUVENILE COURT SYSTEM

Civil Law Origins of the Court

Parens patriae describes a doctrine of the English Court of Chancery that the sovereign, as father of his country, possessed an obligation, and thus the power, to oversee the welfare of the children in his kingdom. This doctrine, in fact, pre-dates the establishment of the Court of Chancery, under the title of the *inquisito post mortem*. In the feudal era the concept was first used to protect the sovereign's wealth, which had been distributed to his vassals or underlords as "managers." Upon the death of a vassal, the sovereign's gifts and their complementary commitments would most often devise upon the first-born son through a system of primogeniture. The sovereign made such minors wards of the kingdom so that it might exert direct control over the management of its estates (Blackstone, 1915, 16th ed.). This general inquiry was replaced during the reign of Henry the VIII, by the court of wards and liveries (32 Hen. VIII, c. 46, 33 Hen. VIII, c. 22), which continued to exercise this jurisdiction until 1660 (12 Car. 2, c. 24, 53).

Parallel to this was the development of the Court of Chancery, the keeper of the king's conscience. Chancery was developed as an answer to the most glaring fault of the common law system. It was based upon the theory of *stare decisis* and created rigidity through precedence. The Chancery was given equity powers, powers to do justice despite the law, originally through the king's chancellor, who eventually delegated this authority to the court which bore his name. Chancery was a logical successor to the courts of wards and liveries; at first, like its predecessors, it exercised its jurisdiction only where economic interests were involved (Story, 1886).

By 1772, through the leading case of *Eyre v. Shaftsbury*, the situation changed. From that time on it was recognized that the sovereign's obligations in this area extended to all children and required exercise of his powers over all children as well. This case was particularly unusual because of the scope of the answer handed down by the Lord Chancellor to what had been intended, by the parties, to be a narrow issue. A custody fight between the Lord Chief Justice Baron Eyre and the dowager Countess Shaftsbury over the guardianship of the person and affairs of the child, the Earl of Shaftsbury, was the instrument through which the Court of Chancery extended its jurisdiction emphatically and permanently over all the minors of the kingdom. From this developed the eventual concern for neglected as well as dependent children.

The essential idea of chancery in the child-care field is welfare — a balancing of interests. It stands for flexibility, guardianship, and protection rather than rigidity and punishment. The common law doctrine that the crown is *parens patriae* is the medieval way of expressing what we mean today when we say that the state is the guardian of social interests (Lou, 1927).

In America, this equity jurisdiction fell upon the states, and courts that have been asked to pass upon the legitimacy of this power have almost universally accepted its chancery origin and the state's right to control the custody and care of its children as the ultimate parent of the child.

As Ketchum puts it more recently, the child was to be the sole and fundamental consideration. Neither punishment of the parents nor protection of society was to be the relevant criterion for judicial intervention (Ketchum, 1962).

This doctrine of *parens patriae* has been employed as the justification for the lack of traditional constitutional safeguards which has typified the juvenile court systems until very recently. Ketchum has analyzed this doctrine: a mutual compact has been created between the state, through the juvenile court system, and the child and his parents (p. 26).

> This compact authorizes the juvenile court, in its discretion, to substitute state control for parental con[illegible]. But such an intrusion of governmental supervision rests on the assumption that the state will act in the best interests of the child and that its intervention will enhance the child's welfare. Applying the contractual analogy, it follows that unless the state satisfactorily performs its obligations under the compact, the juvenile and his parent should have a right to consider the agreement broken.

Criminal Law Origins of the Court

The Court of Chancery dealt only with those who would be designated "dependent" or neglected" children. The inclusion of "delinquent" children within the mandate of the present juvenile court system is seen by some theorists as a logical extension of the principles of chancery and guardianship (Lindsey, 1914). Other legal historians disagree, seeing in the efforts of the criminal courts to handle delinquent children the true genesis of the distinctive features of the juvenile court system (Pound, 1923). It is true that specialized procedures for dealing with juvenile offenders were instituted in England as early as 1820, and soon became widespread within the criminal courts of that country (Tappan, 1960).

The theory of *in doli capex* also had its impact upon this evolution. A major concept underlying state justification of punishments has always been criminal intent. By 1800, the Anglo-American legal systems espoused the theory that a child under nine years of age could not be held responsible for its actions because it was incapable of the requisite intent. A presumption had been created that children between nine and fifteen years of age also were incapable of this intent, and it was up to the state (prosecution) to prove otherwise as part of its case (Blackstone, 1915).

Critical Legislative Events: 1800-1952

The juvenile court system in the United States is not a unitary system, administratively or conceptually. It is basically a series of county systems, each uniquely organized. These systems, however, resemble one another in many ways. They are, in fact, modeled upon one another. Therefore, certain critical legal events have had widespread influence throughout the country. Some of these events are described below.

In 1824 the city of New York created authority for a House of Refuge, the first separate facility for the incarceration of juveniles convicted of a crime (Reeves, 1929). In 1863, the Chicago Reform School Act established and legitimized the "reformatory" as a separate institution in Illinois. In 1870, the state of Massachusetts declared that juveniles were to be given separate court proceedings. This was the first step in changing the American courts' traditional approach to the adjudication of delinquents. New York adopted similar legislation in 1892. The year 1879 saw appointment of the first probation officer in Suffolk County, Massachusetts — mandatory probation provisions were not to appear state-wide until 1891; this event proved to be the initiation of what was to become the primary treatment mode of the juvenile court system. In 1899, Illinois passed the most fundamental and far-reaching state-wide juvenile court law, providing for separate courts, jurisdictions, and powers. In 1952, the federal government reversed its long-followed policy of referring juvenile offenders back to their home states, and passed the Federal Youth Corrections Act, re-exerting authority over juveniles who have broken federal laws and providing for their institutionalization and care.

As we shall see, some of these laws preceded, others followed developments within the field of juvenile corrections and treatment. The changes between 1899 and 1952 were of questionable consequence (*Task Force Report: Juveniles*, 1967). Compare, for example, the "Industrial School for Girls Bill" of 1879 (Revised Laws of Illinois, 1879) where dependent girls were defined as:

> Every female infant who begs or receives alms while actually selling, or pretending to sell any article in public, or who frequents any street, alley or other place, for the purpose of begging or receiving alms; or, who having no permanent place of abode, proper parental care, or guardianship, or sufficient means of subsistence, or who for other causes is a wanderer through streets and alleys and in other public places, or who lives with, or frequents the company of, or consorts with reputed thieves, or other vicious persons; or who is found in a house of ill-fame, or in a poor house.

with the California Predelinquency Statute of 1966:

1. Cal. Welf. & Inst'ns Code Ann. 600

> Persons subject to jurisdiction. Any person under the age of 21 years who comes within any of the following descriptions is within the jurisdiction of the juvenile court which may adjudge such person to be a dependent child of the court.
>
> a) Who is in need of proper and effective parental care or control and has no parent or guardian, or has no parent or guardian willing to exercise or capable of exercising such care or control.
>
> b) Who is destitute, or who is not provided with the necessities of life, or who is not provided with a home or suitable place of abode, or whose home is an unfit place for him by reason of neglect, cruelty, or depravity of either of his parents, or of his guardian or other person in whose custody or care he is.
>
> c) Who is physically dangerous to the public because of a mental or physical deficiency, disorder or abnormality.

2. Cal. Welf. & Inst'ns Code Ann. 601

> Minors habitually refusing to obey parents; habitual truants, minors in danger of leading immoral life. Any person under the age of 21 years who persistantly or habitually refuses to obey the reasonable and proper orders or directions of his parents, guardian, custodian, or school authorities, or who is beyond the control of such persons, or any person who is a habitual truant from school within the meaning of any law of this State, or who from any cause is in danger of leading an idle, dissolute, lewd, or immoral life, is within the jurisdiction of the juvenile court which may adjudge such person to be a ward of the court.

Critical Judicial Decisions: 1870-1967

Certain features of the juvenile court system have been determined by critical judicial decisions which are described below.

The courts were, as early as 1870, in *People v. Turner*, asked to determine whether the *parens patriae* theory really was an acceptable justification for the subversion of a minor's Constitutional protections in the interest of treatment. The state appeared on behalf of Michael O'Connell father to a fifteen year old boy who had been committed to the Chicago Reform School under two of the acts

(1863, 1867) which preceded the establishment of the juvenile court system in 1899. The action was in the form of *habeas corpus*, requiring the superintendent of the reform school, Robert Turner, to release the child on the grounds that the child had never been tried for, nor convicted of, a crime but merely adjudged a delinquent at a hearing where it was up to the parents to show good cause why the child should not be taken away from them. The argument of the "child-savers" (Platt, 1969) was that the state's interest in treating the child and the child's own interest were identical and paramount. A child was to be granted a separate hearing and separate correctional facilities for this reason. A decision in favor of Constitutional protections on the other hand would return the child to a trial court, the consequences of this action might well be damaging to the mental health of the child (Platt, 1969).

The majority of the Illinois Supreme Court never really directly reached this question, but, troubled by the use of an indeterminate sentence imposed without proof of guilt of any crime, ordered that juvenile offenders must be given protections commensurate with adults. The uncontested passage and continued predominance of the Juvenile Court Act of 1899 was apparently a successful legislative overruling of that decision. The American court system was to accept this treatment mandate—until 1966 when the *Kent* case was decided by the United States Supreme Court.

Morris Kent first came under the jurisdiction of the District of Columbia Juvenile Court at the age of fourteen. He was adjudged delinquent and placed on indefinite probation in the custody of his mother and required to report regularly to a case worker. Two years later Kent was arrested upon suspicion of rape. While the lawyer who was preparing Kent's defense was gathering psychiatric and other expert evidence, the juvenile court judge waived the youth over to stand trial as an adult. The Supreme Court of the United States was eventually faced with the question of whether or not a juvenile could be disposed of in such a manner without a hearing, or at least a detailed explanation as to the reasons. A majority of the court thought that only a proper hearing on such an important issue would satisfy the Due Process Clause of the Constitution and reversed Morris Kent's conviction by the adult court.

But the question of what the Due Process Clause required within a juvenile court hearing itself was still unsettled, the state of Arizona *in Re Gault (1967)* maintained that the state's interest in treating the child obviated the necessity of providing the child with notice of the charges against him, a lawyer, an opportunity to confront the witnesses against him, the privilege against self-incrimination afforded by the Fifth Amendment, and a record of the proceedings. Gerald Gault was fifteen when he was adjudged a juvenile delinquent and committed for an indeterminate period to the Arizona State Industrial School. The Gaults questioned whether a child could be committed without being afforded the constitutional protections afforded an adult (listed above). After a thorough analysis of the historical rationale for the juvenile courts' existence, the United States Supreme Court came to the conclusion that neither *parens patriae*, nor the fiction of mutual compact could authorize such an extensive waiver of constitutional protections. Undoubtedly the court was also troubled by a system which allowed a child to be committed to a "youth prison" for an indeterminate period for the commission of a crime, in this case, the use of lewd language, for which an adult could only be fined fifty dollars or sentenced to two months in jail.

The attacks upon what were considered to be major faults in the juvenile-correctional system were not to end with *Gault*, however. As we shall see in the theory section of this work, more than the procedural issues are at stake — what is the proper role of government intervention? Is the juvenile court the proper depository for regulation of this treatment function? Does the government have any justification for intervention at all? One thing is certain — the *Gault* decision, while causing a proliferation of litigation, has yet to correct some of the fundamental abuses of the system which may occur.

Other Factors

Other conceptual developments within the Anglo-Saxon legal systems made minor contributions to the "field" from which the juvenile court system arose. Though it is difficult to evaluate the relative importance of the events, they cannot be discounted. Thus, by 1850 a theory of contractual disability had developed in the field of commercial law "sheltering" the child from being bound to agreements he could not possibly have the maturity to understand (Bingham, 1849). The Industrial Revolution's need for workers and the rise of unionism are a backdrop for child labor laws, "protecting" the child by removing him from or at least constraining his usefulness within, the job market (Dubois, 1902; Kydd, 1857). General welfare legislation was in its infancy, and its relation to the *parens patriae* doctrine is obvious (Bary and Cahn, 1936). This development throughout the western world of a "child-consciousness," and the translation of this awareness into legislation, came to define and legitimize childhood as a subset or subculture of humanity. In this context children became a deviant group — to be a child is in itself to be deviant.

Finally, the social consciousness of the Victorian Age was itself a factor in the development of new modes of child care, and a new attitude toward children. Scientific advancements, an increase in leisure time, an increase in the proportion of wealthy people, and the feminist movement were all influential factors in this mood of social consciousness, and provided the "field" upon which the "catalyst," the child-care movement, would work.

III. THE DEVELOPMENT OF TREATMENT MODES

The juvenile-correctional treatment system can be divided into three major areas: correctional or long-term institutional post-dispositional treatment facilities; probation and related post-dispositional treatment modes; and detention, pre-dispositional holding centers and procedures. The development of each will be dealt with separately.

Correctional Facilities

Houses of Refuge

The colonial period saw the eventual demise of corporal punishments (whipping, branding, the stocks) and of the punitive and deterrent rationale in the theory of "corrections." At this time, should the youthful offender be above the age of responsibility, as discussed earlier, he would be dealt with as an adult. The incidents of children being hanged occurred more frequently than one might imagine. Thus, as the confinement rather than punishment of adult offenders became the prevalent treatment mode, the youthful offender joined his adult counterpart within the institution.

Early prisons were structured largely as holding areas, often large vault-like cells holding a large number of prisoners, huge common areas where all prisoners mingled, men and women, young and old. Newgate was not an atypical example of such early institutions. Reformers were eager to eliminate the placing of the youthful first offender in common areas with the hardened adult criminals. In 1824, the Society of Friends, led by Dr. J. H. Griscom and New York District Attorney Hugh Maxwell, persuaded the city of New York to establish a separate facility for the incarceration and treatment of the juvenile offenders who were then being confined in the city penitentiary at Bellevue. This report to the city was also the first to mention the possibility of separate facilities for girls (Reeves, 1929).

With the city's cooperation the newly organized Society for the Reformation of Juvenile Delinquents opened the New York House of Refuge in January of 1825, in an army barracks abandoned since the War of 1812. This first house of refuge was little more than a separate prison, walled, built upon the congregate (connected or single buildings) housing plan. Incarceration, not rehabilitation, was its primary purpose. A new building was meanwhile constructed on a one-block site at 23rd and East River, opening in October of 1839. The thirty-acre Randall Island site was completed in the fall of 1854 (Reeves, 1929).

A similar House of Reformation was established within the municipal jail facilities of Boston in 1826. Segregation of the youth in this facility was not complete, and a separate facility was established in 1837. The Philadelphia House of Refuge was opened in 1828 along much the same lines as the other two, and for the same express purpose: to prevent youngsters from learning the vices of their criminal elders (Reeves, 1929; Hart, 1910).

These were the only Houses of Refuge or separate facilities for youthful offenders in the United States until a New Orleans project in 1845 and the opening of the first true reformatory in Westboro, Massachusetts in 1848. It had not taken long for these segregated prisons to develop many of the evils of their predecessors: overcrowding, lack of sanitation, poor discipline among the prisoners, dearth of educational or rehabilitative programs. Some emerging alternative theories of treatment began to make their presence felt upon the field.

Reformatories

The first non-punitive reformatory, dedicated to the correction of destructive and vicious youths through proper guidance and tutelage, was opened in Westboro, Massachusetts in 1848 under the direction of Dr. Samuel G. Howe. Utilizing a congregate housing plan, imbued with the nurture theory of behavior, influenced by the mood of urban disenchantment, this innovative approach to the treatment of youthful offenders was plagued with failure from its inception. Farmers in the area were unwilling to accept placement of children. Financial strains were aggravated by overcrowding. Finally, a fire destroyed most of the institution in 1859. All these factors prevented this project from being little more than a rural prison with a new regime of activities.

It was left to the Ohio State Reform School, established in 1854 under the direction of another Howe, Dr. G. E. Howe, to successfully implement the new theories of behavior modification and socialization in a minimal security, unwalled, cottage plan institution. This, the first true industrial school, stressed individualized treatment, practical technical or agricultural training, with strong doses of religion and physical education.

By 1910, Hart, in an extensive survey of fifty of the sixty-five such institutions in the country, discovered a uniform pattern in their general development, with time being the most crucial factor in the evolution. A general plan is first implemented through a combination of public and private funding, and joint control. The plan and grounds are developed according to the cottage plan. The basic treatment plan is that expostulated by Wines (see p. 29). Staff and treatment expand and improve over time, with the number of staff members and their staff-inmate ratios fluctuating more with changes in inmate population than with any other factor.

A brief sketch of some of the better than average facilities will illustrate this pattern. These institutions were described in a U. S. Children's Bureau Report in 1934, by which time the number of reformatories had increased to 111. While the described institutions were among the "best" in 1934, it is interesting to note that conditions at some of the other institutions had deteriorated to such an extent that, as late as 1967, state law would have forbidden their existence as adult prisons (*Task Force Report: Juveniles*, 1967).

Model institutions. The Whittier State School in Whittier, California was originally opened in 1899 under the control of a local board of trustees. Its control was transferred to the California Corrections Authority in 1921. Placement at Whittier was for an indefinite period of time. At the time of the Children's Bureau Report, the school had eleven cottages on a 226-acre site. The Superintendent of the facility was a physician; the Assistant Superintendent had only a high school education. The regular staff included eight school teachers, nine vocational instructors, three nurses and thirty-eight group supervisors. The teachers were all certified by the state board of education, but there were no minimum qualifications for group supervisors. A psychologist and psychiatric social worker were irregularly available to render clinical services to those children who had been singled out by the staff for psychiatric evaluation. All incoming children were given the Stanford-Binet test as part of the admittance procedure.

The Boy's Vocational School in Lansing, Michigan was originally opened under the auspices of the state corrections authority as an industrial school. The shift in title from industrial school to vocational school was an indication of the shift in emphasis from agricultural training to the teaching of skills more useful in the urban environment. From thirty-one to fifty-five boys stayed in each of its seventeen cottages. The Superintendent of the Lansing facility had been director of the Michigan State Police before taking over the administration of the school. The staff included thirteen teachers, five of whom had Bachelor of Arts degrees but all of whom were certified and experienced educators, fourteen vocational instructors, twenty-two group supervisors and twenty-one full-time guards. No psychological or psychiatric staff was reported. The schedule of the Boy's Vocational School was very similar to that of Whittier, with each day carefully planned and regimented, early morning rising, a full day of schooling of some type, structured "free time" and early "lights out."

The institution at Rochester, New York, while little different, is exemplary of a small number of institutions which, due to their proximity to large universities, were able to develop a more comprehensive clinical program. In cooperation with Rochester University, the facility was able to maintain the rotating equivalent of a full-time staff of one psychiatrist, two psychologists, and a psychiatric social worker. This was the exception, not the rule (U. S. Child's Bureau Report, 1934). The *Task Force Reports (Juvenile and Corrections*, 1967) make clear that there has been little change in the basic character of the majority of these institutions up to the present time. There are, of course, exceptions to this rule, one of which is the National Training School for Boys established in 1876. Because of its unique visibility and access to federal funding, the National Training School was for some time an experimental showcase for authorities in the field of juvenile corrections. This has been true to a lesser extent of the three Federal Rehabilitation Centers constructed under the Federal Youth Corrections Act of 1952. These facilities are under the separate direction of the Youth Corrections Division of the Board of Paroles of the Justice Department.

Clinical services. The growth of clinical services, not surprisingly, parallels the growth of treatment theories. The first clinical facilities were designed to provide physical diagnosis, as much for the protection of the staff and other inmates as for that of the incoming juvenile (Hart, 1910). By 1919 the medical officer at many institutions was considered second in importance only to the director. Physical defects such as venereal disease, anemia, and eczema were seen by the nature theorists and Darwinists as being causes of delinquency.

A new theory, supported by Cooley and his associates, proposed that backwardness in mental development was a result of neglect (Hart, 1910). This led to some increased emphasis on psychological testing and psychological treatment modes.

Present trends. The Highfields and Silverlake experiments have been well documented (McCorkle, Elias and Bixby, 1958; Empey and Lubeck, 1971) as two of the more promising new approaches to institutional interventions. Both are aimed at normal, adjudicated delinquent boys of fifteen to eighteen years who have been diagnosed as having ecologically-based deviance problems. However, they differ in their approaches to the environmental intervention. Highfields has modified a modernized rural congregate plan for a small number of boys into a simulation of a real environment. Silverlake leaves the child within the troubling environment while utilizing peer group therapy to teach the boy to cope with that environment. Both emphasize "job training" and "career counseling and placement" as an integral part of their program. The primary treatment mode at Highfields has been the guided group interaction.

Perhaps the most touted new development in institutions has been the implementation of the "return to community" treatment mode through the halfway or group home concept (Keller and Alper, 1970). Surprisingly, the first such half-way house was opened for adults by the Philanthropic Society of London in 1788. Aftercare centers, for that is the true nature of these first facilities, and the present adult facilities, were opened in New York City as early as 1845. The Salvation Army and Volunteers of America have continued work in this area but it was not until the 1950's that a national movement towards halfway houses for children can be discerned. If the early adult halfway houses were concerned with aftercare, with providing help for those *halfway out* of the institution, the group home, or juvenile halfway house, is concerned with treatment for the child *halfway in*, on his way to institutionalization. As with the other institutions we have viewed, variety in staff, size, treatment is the norm. Cases run from six to sixty, with the staff varying from highly and specially trained professionals to ex-convicts. Treatment modes at group homes usually include a variety of group intervention techniques: group counseling, guided group interaction, psychoanalytic group therapy. The group dynamic is always a present and viable force with the group home whenever services and personnel are available.

The author has observed several group homes. The following description is based on these observations. Typically, they are located in various areas of the city. They are large homes in residential neighborhoods, often in the school district in which the child had lived. The houses are run by a couple, usually young, interested and familiar with children, but with no children of their own within the home. The training and background of these couples varies; personality screening seems to be the primary tool of selection. Often, neither houseparent is required to be present during school hours, and at least one might work or be a full-time student. The youths, either all boys or all girls, were between the ages of ten and sixteen, and had been usually adjudicated delinquent and placed upon probation. Neglected children are less frequently placed in these group homes; this would happen when disturbing behavior occurred as a result of neglect. Placement in a home is done after a careful screening by the child's regularly assigned case worker, in conference with the group home couple. The case workers are either social workers (MA level) or psychiatric social workers, and have a regularly scheduled responsibility for their assignments. Those selected for this treatment mode are supposed to be those who would be helped by a change in environment which does not disrupt their ties to the community. The placement is seen as a source of needed attention, supervision, and behavioral models. In practice, that placement too frequently occurred for other reasons: lack of alternatives, or pending placement elsewhere. The success of treatment seemed primarily dependent upon the personalities of the resident couple. Coercion of various types, particularly the threat of institutionalization, was a visible factor in the treatment mode.

Two observations on the nature of the evolutionary process may be of interest. First, institutions continued to stress the removal of the child to a rural environment long after theorists had come to realize the importance of helping the child to cope with the urban situations to which he inevitably returned. Second, Maryland has recently established coeducational education programs within its segregated institutions to help with the development of social aspects of personality, something overlooked in the Society of Friend's report of 1824.

Detention

The Facility — Its Use — Its Rationale

The term "detention" is here used to indicate only predispositional facilities, resources, and interventions; these facilities are primarily used for holding children until the intake staff and the court determine the primary treatment mode appropriate for each case. Long-term detention is an abuse of this apparatus, whether due to overcrowded dockets or some other rationale. The following description of the detention system is based upon those parts of a 22-state study by S. Norman (1945), which were reaffirmed by the *Task Force Reports*.

Detention is the decision, usually made by the intake staff of the juvenile court system, to hold a child in custody until disposition (treatment) or release is ordered. There are two basic types of detention: storage detention, in which the child is held through adjudication and/or disposition in a security position, and shelter-care, in which the dependent or neglected child is held in a non-secure area until some placement can be arranged. We shall concentrate our examination on storage detention.

State juvenile laws usually require that a suspect juvenile be brought immediately before the juvenile authorities upon apprehension, or be returned to the custody of his parents. Thus two primary reasons for juvenile detentions are the unavailability of the parents, or the unavailability of the juvenile authority (usually judge or referee) having power to release the child. Among other major reasons cited by the *Task Force Reports* for continued holding of a child are: likelihood of further offense, gravity of the offense, and the fact that the child was a runaway. State laws often require that a hearing on detention be held as soon as possible to prevent unwarranted delays in release. Thus, it is often the case that a long-term detention indicates either a breakdown in the system or its abuse by the intake staff. Occasionally detention facilities are utilized in the post-dispositional period while placement is pending, or because no other post-dispositional treatment is immediately available.

In the 1967 report, 45 per cent of the systems reporting had separate and definable detention facilities, and four states utilized regional rather than county facilities. From this and other reported data the Task Force concluded that approximately 90 per cent of the juvenile courts in this nation detain their suspects in non-segregated (from adults) county jails.

Even before laws were passed requiring immediate referral to the juvenile authority, the question of what to do with the child before trial was a troublesome one. Colorado was among the first to establish the separate detention facility in the late 1800's. This first facility was directed by a married couple, both of whom were certified grammar school teachers. This was a congregate plant with sexually segregated sleeping areas. The Colorado legislature codified this court-sponsored program, mandating a separate facility with teacher, dormitory and dining area for all detained juveniles in the state. Chicago's first detention facility was similar, with a permanent teacher assigned by the Board of Education to prevent children falling behind in their schooling while being confined.

Norman's study (1945) showed that the separate facilities, where available, were run by a Master of Social Work, the resident couple having disappeared, and an increased number of permanent and part-time staff with college degrees. While the target staff:inmate ratio was 3:4 or 4:4, the study found that such a ratio was rarely maintainable.

Four basic objectives can be discerned in the operation of separate detention facilities: to minimize the damaging effects of custody, to provide constructive activity programs as a prelude to further treatment or re-introduction into the community, to provide individual guidance and counseling, and to carry out screening for mental or emotional health problems which might require unusual or special handling. While the child is in detention, the intake staff makes its investigation and decides on the authorization of petitions. The eventual dispositional recommendation may be formulated at this stage, and a conscious and concerted effort may also be made to create in the juvenile the proper posture or attitude for presentation to the judge. Experience with the detention process soon convinces one of a sixth and more clandestine purpose for detention — coercion and/or punishment. For example, when the author's client was detained for having run away from his group home, the group home staff fought his release from detention on the grounds that the punishment was necessary to effect the attitudinal changes which were thought to be a requirement for return to the home. Very often the proximity of a detention center to the caseworker or staff center makes detention a convenient means of implementing an intensive, short-term therapy program.

While only twelve per cent of the reporting systems in the *Task Force Report* report absolutely no clinical diagnostic and/or treatment services available during the detention stage, 83 per cent admit that no effective utilization of these services has been made at either the detention or aftercare periods. One-third of the reporting systems have no trained social workers available during any portion of the child's trip through the juvenile court system.

Predispositional Police Intervention

In examining the personnel and services available during the post-arrest, pre-dispositional period, one cannot ignore the stationhouse (police) intervention (Miller, Dawson, Dix, and Parnas, 1971). The importance of informal police screening processes cannot be evaluated properly because of the dearth of statistics available on them. In 1964, 98 per cent of the juvenile referrals *to* the court were by law enforcement proceedings. Officially reported stationhouse adjustments by the Chicago Police Department for that year numbered 16,978, with only 13,374 cases being referred to court (Chicago Police Department, Youth Division, Annual Report, 1964). Many police departments have developed specialized Youth Divisions where this quasi-administrative intervention takes place. A few states plan to or already have expanded the powers of these bureaus to enforce and administer their decrees. Where Youth Divisions are available, the training and experience of the officers may well equal that of the officers of a number of juvenile courts, however, the threat of punishment, or referral to the court, remains a primary factor in the implementation of their intervention strategies. Unlike the juvenile court, however, the Youth Division when referring a willing child and or his parents to some form of treatment service, has no power to enforce the services' participation in the treatment. Regardless of the effectiveness of the stationhouse disposition as a treatment mode, it unquestionably works to screen the simplest cases and to shelter an already overburdened system from inundation.

Probation and Related Treatment Strategies

Probation

Probation is the maintenance of the adjudicated offender in the community under the supervision (jurisdiction) of the court (probation officer) and is, in effect, a deferral of institutionalization conditional upon fulfillment of a delineated "treatment program." Such a program may vary from staying out of trouble for a prescribed period of time to accepting an anabuse or methadone treatment program. While juveniles who are "placed-out" into foster homes or group homes are often also on probation, this may be a misnomer because the extent of restraint placed upon the child is substantial, group homes are more "institutional" than probationary.

Probation was first developed to treat adults, usually first offenders, on the theory that, for these particular individuals, institutionalization would be detrimental, and that supervision within the community was sufficient to prevent repetition of the disturbing behavior. It was first required as a possibility for all juvenile offenders in Massachusetts in 1891. However, even in Massachusetts, the first appropriation of moneys for the payment of a probation officer did not take place until 1900. Placement of neglected and dependent children occurred officially, if intermittently, throughout this period, but the delinquent adjudicated prior to 1891 faced either no treatment — a suspended sentence or dismissal — or some type of institutionalization (Hart, 1910; Barrows, 1904).

The Illinois Juvenile Court Act of 1899 included provisions both for probation as a preferred treatment mode, and for its implementation through the use of police officers permanently assigned to the court as intake staff and probation supervisors. The Chicago Women's Club quickly pressed the police department to assign policewomen, preferably with training in social work, to do this duty. This quickly became the practice in the Chicago area. The supporters of the Illinois act envisioned probation as a primary treatment mode, but as late as 1904 Judge Tuthill deplored its ineffectiveness and the lack of alternative methods of coercion due to a lack of hospitals, county homes or other institutional facilities (Barrows, 1904).

The Buffalo experience is typical of the early development of probation services. The first probation officers were volunteers from the upper-crust of the community (main-line culture-bearers), eight of whom were male, five female. Among them were the president of the Hebrew Board of Charities, two truancy officers, and two members of Buffalo's Charity Organization Society. During the first two years of the Buffalo program, 50 per cent of the adjudicated children were placed on probation, while 33 per cent of the cases coming before the court were dismissed without disposition or treatment (Barrows, 1904).

By 1910 it is estimated that sixteen per cent of the juvenile courts had some form of probation system, a staff utilizing recorded sociological information, and a formal method of supervision. The two primary supervisory tools (besides regular reporting) were the positive and negative counseling. "Positive" probation officers made appeals to the morals of the child, emphasizing the opportunities for a good life; "negative" counseling stressed the precarious position of the probationer, the certain punishments to be expected if disturbing behavior continued, the horror and stigma of institutionalization. At this time the active caseload varied between 30 and 300, with 100 active cases being the normal caseload for each probation officer.

By 1967 the *Task Force Report* estimated that 74 per cent of all counties had some sort of probation plan. In 32 states these programs were administered by the local juvenile court and staff, in five states by a state corrections authority, in seven states by the public welfare agency, and in the remainder a specialized Youth Authority had been created. The average active caseload was 71 to 80 at the time of the Commissions report. While 74 per cent of the counties having probation and or after-care services required their staffs to have a bachelor's degree (field of specialization unspecified), many of the counties surveyed indicated these requirements were not rigidly enforced due to the shortage of qualified applicants.

Ideally, the probation officer is separate and distinct from the intake staff. Where this is true, the intake staff will prepare the "social report," investigate and often authorize petitions, and usually handle the case through the adjudication procedure; then the case is transferred to the probation staff for dispositional recommendation of a treatment plan, and for supervision of its implementation.

The typical treatment modes available to the average probation officer in the handling of his eighty active cases are the institution of a reporting schedule, sometimes approximating individualized counseling, job training, counseling and placement; or referral to resources within the community. For example, the author handled a case involving a boy (fifteen) who was adjudicated for stealing bicycles (to gain spending money). The disposition ordered by the court was probation (one year) with regular reporting (once a week for the first month, once a month thereafter) conditional upon enrollment in an automobile mechanics class offered by the local Boys Club of America (the probation officer was also to arrange Driver's Training for the child), with placement in some type of part-time job to follow completion of the course.

After-Care Community Intervention

After-care, services to help the institutionalized juvenile with his adjustment problems upon release into the community, is essential to the prevention of recidivism among youthful offenders. Yet, as of 1965, few adequate supervisory programs had been developed in this country *(Task Force Report: Correction,* 1967). Where the after-care worker has an identity distinct from the probation staff and is subsequently assigned to handle the readjustment of the juvenile, he is usually equivalent to a parole officer with, according to the last available United States Children's Bureau statistics, an average of sixty-four active cases. As of 1965 some 60,483 juvenile offenders were officially on parole; during that same year, 224,948 children were placed on a supervised probation program of some type.

Alternative Intervention Strategies

The detached worker. In New York in 1960, the "detached worker" was utilized. Like the street plan begun in Chicago in 1965, the purpose of these unaffiliated workers is to promote the use of community resources and treatment services on a voluntary, non-systematized, non-court basis. These workers can also act as liaison between the community and the disturbing population.

The California experience. California has long been a leader in the area of juvenile treatment strategies, perhaps because of the distinct character of the Youth Authority. The California Youth Authority's community treatment program stresses home living for the probationed offender, with a full day's activities (either compulsory attendance at the child's regular school, or job placement), along with compulsory attendance at regularly scheduled group therapy sessions (see Burt's presentation at the Sixth Annual Symposium on Current Issues in Adolescent Psychiatry, Texas Research Institute of Mental Sciences, Texas Medical Center, Houston, November, 17, 1972, "The Therapeutic Use and Abuse of State Power over Adolescents"). It was from program recommendations in the *Task Force Report* that the California Youth Service Bureau was conceived. Initially four regional diagnostic and treatment centers were opened to all youths on a voluntary basis. The idea was to provide the screening apparatus and bureaucratic passport to treatment, while eliminating the coercive atmosphere of a force intervention. Unfortunately, funding of this program was discontinued before its potential could be evaluated (Harris, 1972).

The Community Youth Responsibility Program of San Mateo County is still another approach to intervention. Surprisingly similar to approaches used in Sweden and the USSR, the CYRP confronts the disturber through use of an open community hearing board, avoiding the juvenile court system entirely. The primary treatment mode, assignment to "voluntary" community service work, however, is implemented by reservation of the right to refer uncooperative volunteers to the court and probation system.

IV. HISTORICAL FORCES IN THE DEVELOPMENT OF AN INDEPENDENT JUVENILE COURT APPARATUS

Historians have viewed the history of the juvenile court system from different vantage points, and have discriminated several different factors which shaped its development. Anthony Platt and Paul Tappan, for example, have accounted for the evolution of the system in different ways. In this section, we shall survey these interpretations and describe other forces which were influential in the growth of the system.

The Catalytic View (Platt)

Platt (1969) depicts the juvenile court system as the result of a moral crusade. This crusade, the "child-saver movement," was the "catalyst" which translated the "field" into a working system. In addition to the practical contributions made by the charismatic leaders of the movement, Platt stresses the growth of a theoretical basis for child care; both of these factors were critical in the development of the system.

Platt sees the child-saver movement as a "natural" result of the feminist movement, and of anti-feminist reactionism (Platt, 1969, p. 77):

> Middle-class women at the turn of the century experienced a complex and far-reaching status revolution. Their traditional functions were dramatically threatened by the weakening of domestic roles and the specialized rearrangement of family life. . . . Philanthropic work filled a void in their own lives, a void which was created by the decline of traditional religion, increased leisure and boredom, the rise of public education, and the breakdown of communal life in impersonal, crowded cities. . . . Militant organizations regarded child saving as a problem of women's rights, whereas their opponents seized upon it as an opportunity to keep women in their proper place. . . . their choice of careers was limited. Child saving, however, was a reputable task for any woman who wanted to extend her housekeeping functions into the community without denying anti-feminist stereotypes of woman's nature and place.

The movement functioned to preserve the prestige of middle-class women in a changing society, and was also instrumental in legitimizing new career opportunities for them. In the case of the juvenile court system there was an increase in the importance of the role of the social worker, leading to the eventual predominance of this role and of the sociological approach to treatment.

Platt explains the movement as a feminist phenomenon, and concentrates his analysis primarily on its female leaders. Louise de Koven Bowen was from a monied, rural, Protestant family, educated in a private school and college; she married into the highest social and political circles. Julie Lathrop's father was a progressive lawyer who had drawn up the bill first permitting women to practice law in Illinois. Jane Addams was likewise country-born, seminary-educated and upper middle-class, able to afford long trips to Europe. Enoch Wines, also active in the movement, was the son of a Vermont gentleman-farmer. Zebulon Brockway was from a wealthy Connecticut family.

WASP, sharing common attitudes about deviant and non-deviant behavior, they reacted intensely to the behavior of urban subcultures not yet assimilated into the "American way of life." As main-line culture-bearers they were intensely aware of the discordance of minor deviance; inevitably, their legitimate succorance concerns were tied to their cultural fear of the deviant (Rhodes, 1972).

The Field View (Tappan)

Paul W. Tappan has also done a considerable amount of work in this area (*Juvenile Delinquency*, 1949; *Delinquent Girls in Court*, 1947; *Crime, Justice and Corrections*, 1960). While Platt is a psycho-socio-political historian, Tappan is a correctional-scientist-historian. Tappan's approach is more "historical" than Platt's; he concentrates less upon psycho-social theory and the importance of the prime moving factor. Both delineate the "field" upon which the child-savers were to act, but Tappan differs from Platt in interpreting the "field" state as the crucial factor. Lou (1927) and the *Task Force Report: Juvenile Delinquency* (1967) tend to agree with this approach.

According to Tappan, confinement gradually replaces corporal punishment, which leads to the creation of prisons and jails, and to the consequent conditions of overcrowding, squalor, etc. Concern for these conditions, coupled with a general awareness of the special needs of the children led to the establishment of separate facilities for juveniles (New York House of Refuge, 1825) and the eventual establishment of reform and industrial schools (Massachusetts, 1847). As the facilities for juvenile delinquents began to suffer from many of the evils characteristic of their forerunners, the evolution of two other treatment modes influenced and shaped the field: the theory of probation (Massachusetts, 1880), and the institution of separate hearings and closed trials for the protection of juvenile offenders (Boston, 1870, New York, 1892).

The "field" theorists maintain that, given these conditions, the juvenile court system would naturally evolve. The introduction of the catalytic agent was in the nature of a mutation, and this mutation had a lasting effect upon the nature of the system that emerged. The "catalytic" theorists on the other hand, felt that the presence of the catalyst was a necessary condition for the emergence of the system. They do not view the catalytic effects as unnatural, or distorted.

The Natural Criminal

Spencer (1862) and Lombroso (1912) conceived the first American theories of criminality and deviance. Basing their postulations on the earlier work of Rush, Rey, and the Social Darwinists, Spencer and Lombroso describe the concept of a criminal class. The natural criminal, according to this theory, is found in the genetically inferior lower classes. It is only natural that a group of such individuals, with innate moral defects, placed in an urban environment which amply reinforced these propensities, should display criminal tendencies.

Nature Versus Nurture

The pessimistic theories of the "nature" group were counteracted by the positivist "nurture" theorists (Gould, 1895; Caldwell, 1898), who advocated a learning, or behaviorist, theory of deviance. This group was strongly influenced and supported by the National Prison Association and the Congress of Charities and Corrections. The delegates to these organizations, mostly correctional workers, clung to the nurture approach as a philosophical justification for their work. For this group to accept Darwinism would have been to frustrate their professional aspirations, to label themselves as mere keepers of the criminal class. These conflicts were somewhat mitigated with the rise of a professional class of correctional administrators and social servants like Charles H. Cooley (1896). A medical model of deviant behavior, with techniques for remedying "natural" imprefections, was developed in an attempt to obviate the nature-nurture debate.

Urban Disenchantment

> Another important influence on nineteenth century images of crime was a disenchantment with urban life. The city was depicted as the main breeding ground of criminals; the impact of the physical horrors of urban ghettoes on unskilled, poorly-educated European immigrants "created" criminals. Immigrants were regarded as "unsocialized" and the city's impersonality compounded their isolation and degradation (Platt, 1969, p. 36).

Urban disenchantment was a main theme of the child-saver movement. It led to the development of "cottage plans," rural reformatories, and agricultural training schools as the ideal solution to the juvenile "treatment" problem. The proponents of rural treatment schemes seem to have failed to recognize their own bias. The resultant break-up of sub-cultural ethnic communities, many of whose occupants had been city dwellers before they had immigrated, was ignored by the developers of the juvenile court system.

New Penology and Education

One of the results of the nature-nurture synthesis was the emergence of a "new penology."

> The goal of the new penology was reformation or, in Brockway's words, "education" of the whole man, his capacity, his habits and tastes, by a rational procedure. The program of reform was not possible without discipline and supervision. Thus, the indeterminate sentence was introduced to encourage cooperation on the part of the inmates. Although the reformatory was intended in theory to function as an exemption to punitive force, it was characterized in practice by a regime of coercion and restraint. Since the child savers professed to be seeking the best interests of their "wards," there was no need to formulate legal regulation of the right and duty to treat in the same way that the right and duty to punish had formerly been regulated. In effect, the new penology reified the dependent status of children by disenfranchising them of legal rights (Platt, 1969, p. 67).

Enoch Wines and Zebulon Brockway were typical of the new breed of penologist who saw the reformatories as the treatment centers for "delinquent" youth. Wines advocated the coalescence of the dependent-neglected and delinquent jurisdictions; he also proposed state subsidies for treatment to private citizens and charitable organizations. He preferred the rural cottage plan as a reformation tool (Wines, 1880).

Wines' work was continued by his son, Frederick, who imposed his own ideas of preventive detention and moral and religious training upon his father's system (F. Wines, 1888). The emergent reformatory plan embodied:

1. segregation of youthful offenders from adult criminals;
2. removal of the child from its corrupting urban environment;
3. intervention without trial or due process, for the good of the child;
4. indeterminate sentences;
5. the cottage plan;
6. protection against idleness, indulgence and luxuries by military drill, physical exercises, and constant supervision;
7. an emphasis on sobriety, thrift, industry, prudence and adjustment;
8. a program incorporating labor, education, and religion as the essential reformatory tools (an elementary education was considered sufficient, and industrial and agricultural training should predominate).

This plan was to typify the intervention strategies of the juvenile court system for the next seventy years, and is basic to many present institutions. The only significant change in emphasis is in terms of educational goals and increased skilled trade learning. The agricultural emphasis is still present in programs of yard care and plant maintenance, however.

Contemporaneous with the development of new theories of penology was the development of "progressive education." Leaders such as John Dewey were instrumental in destroying the notion that education should be reserved for an intellectual aristocracy. The movement sought to de-emphasize rote learning and the authoritarian position of the teacher and sought the active involvement of the child in the classroom. But it was the progressive theory of naturalism which was adopted by the juvenile court system. Experience and life adjustment were stressed; self-education was relevant, useful skills were seen as an ideal. These theories were utilized by the new penologists as a vindication of the "return to nature" of the rural cottage plan, and a justification for the "experimental" validity of an emphasis on industrial and agricultural training to the exclusion of more than a minimal formal education.

Limited coercive therapy model. New approaches to placement and treatment are constantly being considered and implemented. One of the newest of these is the limited coercive therapy model (Burt, 1972). This model seeks the fusion of the roles of the defense lawyer and mental health professional in the best interests of the child. To effect this purpose it seeks a retreat from the adversary stance proposed by the *Gault* decision, and, at the same time, an end to the indeterminate sentence. According to this model, coercive treatment is no treatment at all; voluntary participation is the key to therapeutic success. Thus treatment could be prescribed only for an initial sixty-day period. Further treatment of the child would be dependent upon his recognition of the benefits received. Since there is usually provision for extension of the "coercive" period after a special hearing, one may doubt the extent to which the program conforms, in practice, to the ideals on which it is based.

The future. The sudden burgeoning of "right to treatment" cases and the growing child advocacy movements are symptoms of the controversy concerning the present use of the juvenile court as an intervention system. The thrust of this attack is upon the *parens patriae* theory itself, upon the state's right to intervene into children's lives for any other reason than the commission of a crime. This argument becomes particularly forceful when the system offers labeling but no actual treatment of the child. F. Allen, perhaps unknowingly, has provided further ammunition for those who question the role of the juvenile court, of the law apparatus itself, in the handling of what might be labeled "social" interventions. Allen's criticism is of the destructive effects of using the criminal law or a criminal court system (of which the juvenile court is a hybrid) to perform social services, particularly the correction of lesser deviance. His thesis can be broken down thus (Allen, 1964):

1. . . . when the criminal law is relied upon to perform social services, those services are not likely to be effectively rendered . . . When penal treatment is employed to perform the functions of social service, selection of those eligible for penal treatment proceeds on impermissible criteria (poverty, helplessness).
2. That when the system is burdened with functions it cannot effectively perform, it is prevented from performing the more basic functions it was established to perform.
3. A further consequence of forcing what may be incompatible obligations on the system is the corruption of its agencies.
4. There is a tendency for the rehabilitative ideal to serve purposes essentially incapacitative rather than therapeutic in character.
5. Finally, the rehabilitative ideal has often been accompanied by attitudes and practices that conflict seriously with individual liberties.

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THE TREATMENT OF DEVIANCE BY THE LEGAL-CORRECTIONAL SYSTEM: STRUCTURE

by

Lee Atkinson

The author is indebted to Mark Ravlin for his assistance in the preparation of parts of this paper.

I. STRUCTURE OF THE JUVENILE COURT SYSTEM

The juvenile court system is basically a county service system; its judge acts as both administrator and magistrate, and is often responsible for foster and adoption home placements, group boarding homes, probation services for juveniles, residential and after-care programs for dependent and neglected children, and the dispensing of other child welfare monies (Task Force Report on Juvenile Delinquency for the President's Commission on Law Enforcement and the Administration of Justice, 1967).

This complex and far-reaching professional service system consists of three separate but interrelated systems, federal, state and local, and what I will term the "National Services Network." Though interrelated, the systems operate in different ways.

The Federal System

The federal juvenile system was created by the Federal Youth Corrections Act (1952). Prior to this act there was no official federal juvenile corrections system. Juveniles in federal custody were turned over to their home states, assuming the local juvenile court would take the case, and that "it was in the best interests of the child." The expanding scope of federal laws, which by 1952 was leading to a high number of such informal dispositions, was partially responsible for this action. The act grants the federal government authority over juveniles who have broken a law of the United States (rather than of a particular state) and are eighteen years of age or less. Three rehabilitation centers for these offenders have been established under the Youth Corrections Division of the Board of Parole.

This federal corrections system for juveniles is distinct from the National Training School for Boys, created May 3, 1876, through the Congressional authority to administer the affairs of the District of Columbia. The National Training School, while also being administered by the Bureau of Prisons, was intended to be more than a local juvenile treatment system.

The State and Local System

The juvenile court system is essentially a locally based, community-oriented service center. Born through legislative mandate at the state level (given life through the judiciary, an essentially independent branch of government) the majority of juvenile courts are county systems, supported by local and state funds, and administered by locally elected judges, who represent the attitudes and dynamics of their communities (Task Force Report: Juvenile Delinquency, 1967). State welfare, mental health, or correctional departments, while resources, are usually not controllers of the system. The state court system, and ultimately the United States Supreme Court, while possible arbiters of its decisions and procedures, have usually had *de minimus* impact upon its day-to-day operation.

Thus, the schematic should not give the impression that the state system is the *doppelganger* of the federal structure. The lines do look very similar but the local character of the system often prevents the state government from playing the omnipotent role that Washington plays in the federal system. As we shall see, the local system may be nothing more than a part-time judge, a clerk, and a cell in the county jail, hardly a structure responsive to the bureaucratic rein.

The National Network

The federal system, dealing only with federal offenders, must be distinguished from the national network of child treatment services. This national network has long been the primary information resource for the various local systems but has not had major authority, or until recently, a funding role in the county-oriented juvenile court system. Its secondary role in support of treatment agencies has been greatly expanded in the last few years.

At the present time, the national network is built around the Law Enforcement Assistance Administration (LEAA). Probably the first of the federal organizations to play a major role in this network was the Children's Bureau, created April 9, 1912, as part of the Department of Labor, later absorbed by the Department of Health, Education and Welfare through the Office of Child Development, which surrendered primary federal responsibility for the network's programs to LEAA.

It is only recently that federal agencies have moved toward direct funding of local programs. Created by the Omnibus Crime Prevention Act in 1968, LEAA is the primary source of federal funds for local programs relating to prevention and control of juvenile delinquency. The annual appropriation of funds to LEAA approaches one billion dollars. Approximately 85 per cent of LEAA's funds are distributed in the form of block grants to the states in response to comprehensive plans for prevention and control of juvenile delinquency. These plans are prepared by State Planning Agencies and submitted to LEAA as state proposals.

In Michigan, for example, the Office of Criminal Justice Programs (OCJP) is responsible, in cooperation with a "Goals and Standards Commission" appointed by the governor, for developing an annual comprehensive plan for submission to the LEAA regional office in Chicago. The governor has designated regions within the state which are to submit plans to the OCJP comprised in part of specific program proposals, or "sub-grant applications." The criteria and objectives to be reflected in these applications are detailed in the state's comprehensive plan. It is on the bases of the "sub-grant applications," then, that LEAA's block grant is filtered to local programs.

The remainder of LEAA's operational budget is "discretionary money" distributed by the regional offices in support of innovative programs outside the purview of the state plans. Among the priorities sought in current LEAA-supported juvenile programs are reduction of juvenile offenses, and diversion of juveniles from the criminal justice system to other, more treatment-oriented agencies. Information on LEAA can be obtained by writing it in care of the Department of Justice, 633 Indiana Avenue, S. W., Washington, D. C., 20201.

A secondary source of federal support for local programs is the Youth Development and Delinquency Prevention Administration of HEW, whose annual appropriation is about fifteen million dollars. YDDPA was created to coordinate information resources nationwide, and to develop and fund innovative intervention programs and training workshops. Control of YDDPA grants lies not in the hands of the states, but at the regional level of the federal Department of HEW. The scope of the YDDPA program is reflected in part in the pamphlet, *Functional Categories of Training Projects*. It and other information about the Administration is available from the Office of Juvenile Delinquency and Youth Development's Publication Distribution Service, Division of General Services, Department of HEW, 330 I Street, S. W., Washington, D. C. 20201.

II. AUTHORITY AND FUNDING

Authority Hierarchy

Legislatures, by passing laws codifying deviance and granting power to enforcement agencies and courts to deal in prescribed manners with violations of these laws, legitimize the juvenile court's intrusion into a child's life. The law enforcement officials, who are in fact the agents of intrusion, however, function with great autonomy. The national network derives its authority from the legislature, but exercises that authority primarily through the social welfare or mental health systems.

The Juvenile Court and the Community

Juvenile courts draw their initial authority from a legislative enactment (the Illinois Juvenile Court Act of 1899, for example), and are legally responsible for their actions to the higher courts of the state judiciary. This obvious, explicit power is the legitimization of the juvenile court process, but the authority of the local community, implicit in nature, may be the more significant.

The typical juvenile court judge is an elected official, subject to community censure of his actions through the ballot box. As in the adult system, community attitudes towards a particular behavior or class of persons must have an influence upon the enforcement attitudes of the tribunal as well as of the police. Further, in the few jurisdictions where a juvenile can request a jury trial, direct participation of the community in the process leads to imposition of its attitudes.

It is more difficult to gauge to what extent the laws themselves reflect the mores and tenor of the community, but there is at least some connection between the operant desires of the community (especially when threatened) and the governmental reaction to those desires (Rhodes, 1972). The apparent autonomy of the judge thus remains a function, not just of the pleasure of the legislature, or of accountability to a higher court, but of community support.

The Popular Conception of the Juvenile Court

The popular concept of the system is difficult to evaluate. For instance, while the early leaders of the juvenile court movement, espousing their child-saving motives, were convincing legislatures to pass juvenile court acts to "save the children," some of those operated on by the system — the poor, immigrant, city dwellers — saw it as an intrusion into their lives, an attempt to destroy their families and ethnic cultures. According to Rhodes (1972), the general populace looks to the system to quiet its fears by complete removal or change of the disturbing population. In doing this, one person might complain, "The juvenile court is too lenient, the little bastards should be put away." Or, another might say, "The poor little dears need help, counseling, models." "Juvenile court" is thus a multi-dimensional concept.

Sanford Fox (1971), in his evaluation of the community intervention process, describes the juvenile court system as one of "dominant cultural preferences" directly imposed on what he sees as one of the least protected relationships (parent-child) in the law. He postulates that the system is responsible for providing and maintaining the financial security, health, education and moral values of the community.

The community can become directly involved in the treatment of deviant youth in a variety of ways, but the full impact of parent groups, block committees, the Black Panther breakfast program, etc. is not yet clear. The Community Youth Responsibility Program of San Mateo County, California, is one approach to community involvement. A hearing board composed of volunteers from the community acts as a buffer between the child and the formal court system.

Funding

Funding of the juvenile court system is intricate and perplexing. There are several sources of funding of the three systems. The national network is not only a separate system here, but a funding conduit for the local juvenile court as well. Thus, federal monies — largely Justice Department through LEAA — will go into the national network to be dispensed by the social welfare and mental health systems, and through LEAA directly into the juvenile court systems as well.

But, by and large, it is common for state and local authorities to share costs relatively equally. Thus, the building of a detention center may be dependent upon voter approval of a county bond issue and matching funds from the state. Reliance upon the local community was common throughout the early history of the system, especially in the early acts which established and regulated private institutions for the treatment and placement of juveniles. While the truly private institutions no longer dominate the system, local bond issues, donations, and property taxes have been joined by state allocations as the main funding resources.

A court system is typically funded directly by the state, through appropriations for judges, buildings, staff, and perhaps the appointment of defense lawyers. The recognized principle of jurisprudence is that, were a recalcitrant legislature to refuse a court funds for its operation, or for the enforcement of its orders, the court would have the power to order its own appropriations (based upon its powers as a coordinate and equal branch of government). But there have been few tests of this theory in American legal history. The funding of the juvenile court system is even more complex, because of the variety of its possible dispositions. It seldom has the power to expend the resources of the mental health, educational or social services systems, but often relies on such state agencies as dispositional alternatives.

Funding of innovative programs is often indirect. An experimental probation or after-care program might be funded through a correctional authority, a social services program, or a drug treatment program. Before the establishment of the Office of Youth Development and Delinquency Prevention and later LEAA, the Task Force Reporters strongly lamented the lack of federal dollars going into local systems (Task Force Reports: Corrections and Juvenile, 1967).

III. PERSONNEL

Court and Staff

The primary personnel of the juvenile court system includes the staff and attorneys, as well as the judge himself. The variation among systems is evident. The juvenile court judge may be a local politician with no training in the law, or in the problems of the deviant child, may split his time between adult and juvenile court, and may have little interest in upgrading his skills; or he may be a highly trained jurist with a strong background in intervention and treatment theories, and years of experience at bar and bench, who may continually seek out opportunities to increase his expertise in the area (Task Force: Juvenile, 1967). If the judge is a lawyer he will probably be a member of the state bar association and the American Bar Association. Whether a lawyer or not, he may also be a member of the National Council of Juvenile Court Judges, an auxiliary arm of the National Juvenile Court Foundation (8978 University Station, Reno, Nevada 89507). The National Juvenile Court Foundation, founded in 1951, is composed of approximately 1,300 lay and judicial members dedicated to the promotion of the interests of the juvenile court. It publishes a bi-monthly newsletter and the *Juvenile Court Digest*, as well as the quarterly *Juvenile Justice*. The National Council of Juvenile Court Judges' primary concern has been the development of continuing education programs for juvenile court judges, including regional institutes, local seminars, and summer colleges.

The court staff may range in size from a single part-time clerk-bailiff-probation officer to a staff of thirty or forty assigned to one judge and divided into intake, probation, detention, and after-care departments. While 74 per cent of the counties require that staff members have a bachelor's degree (area unspecified), few are able to enforce these standards because of the dearth of qualified applicants. Equally disturbing is a report that while sociologists have had the primary impact upon this system, fully one third of the juvenile court systems reported no trained "social worker" of any nature available to them (Task Force: Corrections, 1967). It seems that the creation of LEAA and the attendant infusion of federal funds may be altering such shortcomings.

The National Council on Crime and Delinquency (NCCD Center, 291 Route 17, Paramus, New Jersey 07652) is probably the most influential organization open to staff participation: the Council was instrumental in the investigations and conclusions of the Task Force Reporters. The Council holds annual conferences on the system. Its 60,000 members include social workers, prison officials, and judges. It furnishes legislation and legal advisor services, sponsors training institutes, and has been a strong lobbying force before both state and federal legislative bodies. Among its publications are the *NCCD News*, *The Crime and Delinquency Quarterly*, and *The Journal of Research in Crime and Delinquency*. The other significant organization for legal-correctional staff is the National Association of Training Schools and Juvenile Agencies (5256 North Central Avenue, Indianapolis, Indiana 46220), founded in 1904 as primarily a lobbying force for prison and training school executives and staff personnel. The conferences of this organization, like those of the National Council on Crime and Delinquency, provide professionals with an important opportunity to investigate innovations in the system and exchange ideas.

Since the *Gault* decision, the attorney has assumed an important role in the juvenile court proceedings. (Interestingly enough, while the number of defendents actually represented by attorneys has not risen to the proportions expected, the number of counties assigning prosecuting attorneys to juvenile court has greatly increased "to protect the interest of the state.") The usual lawyer has an undergraduate degree and three years of training in the law. This is not, however, to say that he (the lawyer) is adequately trained for his role in the juvenile court. The juvenile court, despite *Gault*, is not an adult criminal court in either its procedural nature or effectuating premises, and the avenues of actions open to the juvenile's defense lawyer are myriad in comparison to his adult counterpart. Despite an undergraduate degree, it is unusual to find a lawyer adequately knowledgeable concerning the treatment alternatives he may choose. The lack of economic demand for specialization in this area discourages many lawyers from participating in the system.

Police Department

The police officer is presently the most important of the ancillary personnel associated with the system. A Chicago study indicated only one-third of all cases investigated reached the attention of the court (Chicago Police Department, Youth Division, Annual Report, 1964). Most cases are handled informally at the local police station or at the scene of the investigation, by the investigating officer. In view of the number of "station house dispositions," and the impact of an arrest or other police contact upon the adolescent, it seems incongruous that so little attention is paid to the training and supervision of the peace officer in his contact with juveniles. While some large cities, such as Chicago, have long shown a tendency to assign the most qualified officers (in terms of training, experience, and interest) to their specialized juvenile divisions, the number of such bureaus is small, and even in these cities initial contact with the law will not usually be with the juvenile officer, but with a cruiser or beat patrolman. Police hiring and training programs, in general, are inadequate to do the job of preparing the apprehending or petitioning officer to deal with deviant youth (Miller, Dawson, Dix, and Parnas, 1971).

Other Ancillary Personnel

A few courts provide clinical services, consultation and other auxiliary functions. Personnel and services are as variant in training and availability as they could possibly be.

While there is a need for a wide variety of professional disciplines in this system, the inclusion of such personnel on court staffs does not guarantee effective utilization. For example, while only twelve per cent of the juvenile court systems reporting to the Task Force Reporters indicated no clinical diagnostic services available, fully 83 per cent of those having such services believed that they were not fully utilized.

IV. TARGET POPULATION

The definition of the target population of the juvenile court system has changed little since the mid-1800's (see the companion paper in this volume). The California statute is typical of the broad modern approach to intervention — discretion being the only safeguard against over-utilization of the all-encompassing powers. The statement of purpose of the Michigan "juvenile code" is also typical of the espoused attitudes of the states toward their role:

> Proceedings under this chapter shall not be deemed to be criminal proceedings.
>
> This chapter shall be liberally construed to the end that each child coming within the jurisdiction of the court shall receive such care, guidance and control, preferably in his own home, as will be conducive to the child's welfare and the best interest of the state and that when such child is removed from the control of his parents the court shall secure for him care as nearly as possible equivalent to the care which should have been given to him by them (Michigan Probate Code 712A.1).

The language of the jurisdictional portion of this statute is as broad as its effectuating clause:

> 712A.2 Juvenile division of probate court, jurisdiction; prior order of another court, notice to prosecuting attorney, transfer to county of residence, juvenile delinquency programs
>
> Section 2. Except as provided herein, the juvenile division of the probate court shall have:
>
> a. Exclusive original jurisdiction superior to and regardless of the jurisdiction of any other court in proceedings concerning any child under 17 years of age found within the county
>
> 1. Who has violated any municipal ordinance or law of the state or of the United States; or
> 2. Who has deserted his home without sufficient cause or who is repeatedly disobedient to the reasonable and lawful commands of his parents, guardian or other custodian; or
> 3. Who repeatedly associates with immoral persons, or who is leading an immoral life; or is found on premises occupied or used for illegal purposes; or
> 4. Who, being required by law to attend school, willfully and repeatedly absents himself therefrom, or repeatedly violates rules and regulations thereof; or
> 5. Who habitually idles away his or her time; or
> 6. Who repeatedly patronizes or frequents any tavern or place where the principal purpose of the business conducted is the sale of alcoholic liquors.
>
> b. Jurisdiction in proceedings concerning any child under 17 years of age found within the county
>
> 1. Whose parents or other person legally responsible for the care and maintenance of such child, when able to do so, neglects or refuses to provide proper or necessary support, education as required by law, medical, surgical or other care necessary for his health, morals or well-being, or who is abandoned by his parents, guardian, or other custodian, or who is otherwise without proper custody or guardianship; or
> 2. Whose home or environment by reason of neglect, cruelty, drunkenness, criminality or depravity on the part of a parent, guardian or other custodian, is an unfit place for such child to live in, or whose mother is unmarried and without adequate provision for care and support.
>
> (Michigan Probate Code 712A.2)

The target population has typically been sub-divided by these statutory schemes into delinquent (as represented by part a, 1-6 above) and neglected (part b, 1 and 2 above), and dependent classifications. Dependent children, adoptees, orphans, etc., are really a separate population, treated differently from other deviant youth, and we will not focus on this function of the juvenile court. When a dependent child is placed in holding facilities with deviants, it is an indication of a breakdown in function, an abuse and misuse of the system, usually due to lack of an alternative placement.

"Delinquent" rather than "neglected" children, on the other hand, make up the majority of the courts' case loads, though it is often difficult to distinguish the cases where delinquent behavior is a direct result of neglect on the part of parents. The dispositional and staff-attitudinal aspects of the two labels are often critically important. The true neglect case is typically one where a neighbor or teacher complains to the police about an execrable living situation and the court staff pushes in to save the passive child from his environment. This is obviously a different situation from that when the child draws the attention of the system by his own acting-out behavior, regardless of the underlying cause.

According to Goldman's (1963) study of four communities (done for the National Council on Crime and Delinquency), the statutory target population and those actually affected by the laws may often be two distinct groups. Goldman comes to the following conclusions, among others.

1. There is a wide variation in rates of arrest in different communities.
2. Not all children apprehended in violation of the law are recorded in the juvenile court (about 35 per cent), and only half of those children apprehended are actually taken to the police station.
3. Seriousness of offenses is partially responsible for variations in handling of the youth by the police.
4. There are differences between the number of Negroes and the number of whites referred to court. The white and Negro rate of serious offenses is fairly equal, but the rate for minor offenses shows a difference of about 30 per cent.
5. The rate of referrals increases with age; patterns of handling cases are functions of the relation of the police to the community, the court, the offender, his family, and the offense.

V. CLIENT INFORMATION AND RECORDS

The juvenile court system has two distinct information systems. The primary recording system is centered in the local court unit itself, and is the repository for the diagnostic evaluations upon which interventions are formulated and ordered. Figure I, on the other hand, describes the secondary information system. It is a statistical accounting system of tremendous bureaucratic significance. Health, Education and Welfare on the federal level, and the Department of Social Services on the state level are major receptacles of this secondary information.

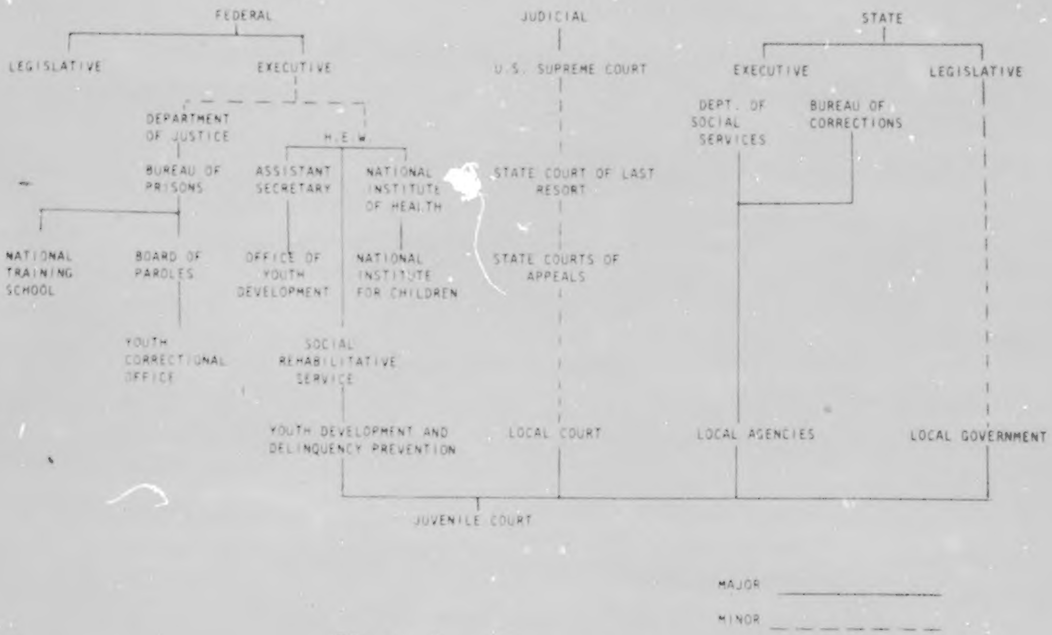


Figure 1. Information resources

Primary

The primary recording system consists of arrest records, social reports and court files, and thus involves the police department, and social staff, as well as the court itself. There is much data to indicate the inadequacy, or at least the incompleteness of the police reporting system but its biggest flaw may at the same time be its biggest asset. Legally, expungement of an arrest record is neither automatic nor easily obtained. The discretion which makes police record-keeping suspect also shields the youthful offender from the serious and abusive effects of premature or improper labeling. The normal police record will be name indexed, and may include some identification and general data as well as the arrest report itself. Fingerprints, pictures and the fact of arrest are often transmitted from local to state agencies, as well at to the FBI. Unfortunately, the subsequent disposition of the case is rarely, if ever, indicated upon the police record. Thus the dragnet arrest of all of the members of a gang because someone wearing the gang's "colors" raped someone, might lead to an arrest record with the simple statement "arrested suspicion of rape," with nothing to indicate to subsequent viewers the nature of the arrest (that it was a sweep in which the youth showed no other sign of deviance than his "colors") or that no charges were brought, or that the youth was given a trial and found "not guilty."

This is particularly troublesome because many such police files are indiscrimanately available to all inquirers, not just police authorities, but the armed forces, civil service commissions, private corporations, credit companies — any one with an interest in the material and knowledge of where to look. Recent litigation has focused on this issue of arrest records and more than one juvenile court has ordered that if the records cannot be completely destroyed they can at least have all identification of the juvenile obliterated.

The primary record-keeping system can best be understood as two record-keeping systems operating in parallel proximity. A distinction must be made between the *record* and the *files*, based upon their separate natures, uses, and availabilities — though disclosure in a particular locality may depend as much upon the predilection of the judge and the unwritten rules of the staff as upon the disclosure law of the state (most states statutorily prohibit public access to juvenile court records and/or files). Legally, a *record* contains all of the proceedings of the court, ideally, it will include the formally required paperwork (petitions, motions, rulings, orders), as well as the actual recording of hearings and trial. It is the acceptable legal proof of what has officially happened to the juvenile during his track through the system. In many instances the investigatory and recommendational reports of the staff become a part of this record through the participation of the staff, usually as witnesses in the proceeding, but this is not always or necessarily the case. Because these investigatory or recommendational reports are abstractions or condensations of the material in the staff files, the record will not be identical to the file. Similarly, the file will usually contain no more than a notation as to what actually transpired during a hearing or trial.

Ideally, access to juvenile court files is limited and most court systems strive to maintain this secrecy. However necessary this veil may be to protect sources, etc., it is also exemplary of a reluctance upon the part of a professional staff to have its recommendations or findings scrutinized by outsiders, and has caused conflict in the system. Appellate courts have limited the juvenile judge's access to these files to prevent bias in the proceedings (it is too easy for a judge to recognize *need* for treatment and manufacture jurisdiction to implement it — all in the interest of the child). Defense lawyers have only gained access to this material by recognition of the client-staff privilege and by explanation of the attorney-client privilege in such a way as to convince staff of the similarity of their professional interest, approach and responsibility. Errors or opinions in the staff files can be challenged and corrected, but it must be emphasized that generally this is not done. Juveniles and parents are regularly forbidden access to these files and the number of lawyers in the system is still low; their effectiveness is questionable. Others with the expertise to challenge a diagnosis or treatment plan may find it difficult to overcome the staff's distrust of outsiders as well as their belief in their singular ability to determine what is in the best interest of the child.

Secondary

The information flowing through the secondary system is generally abstracted; numbers of arrests, numbers of cases processed, typification of clientele, classification of offenses, and labeling of deviant categories.

The FBI is a receiver of this information, which it analyzes and disseminates through the National Crime Information Center in the form of annual crime reports, which list numbers of arrests, convictions, rapes, percentage of burglaries, number of recidivists, etc. The Office of Youth Development and Delinquency Prevention has now replaced the Children's Bureau as the other primary repository of these statistical materials.

Secondary information is used in program funding requests and renewal evaluations and because of this, this information will be shunted state-wide or agency-wide, depending upon requests. For example, the continuance of a program funded by LEAA requires conformance with its reporting guidelines, or a request for state funds for a new program must include statistics on past programs. A failure to effectively present statistical justification for a program can lead to its discontinuance. This was apparently the fate of the California Youth Services Bureau, which was scrapped before its true potential could be statistically determined (Harris, 1972). This statistical data is faceless and readily available to the general public though very little of it actually receives public attention. There is no way of knowing to what extent the very existence of this system influences the information it is given to process.

VI. INTERVENTION TECHNIQUES

Early Theories

Despite recent innovations in the varied approaches to the treatment of child deviance (Burt, 1972), the basic intervention techniques of the legal-correctional system are aimed at behavior change. The general public often refutes this espoused rehabilitative rationale, still considering that the prime function of the law is to punish or at least constrain. Punishment or revenge was the earliest justification for establishment of the penal system. To this rationale were quickly added the theories of deterrence: special, the one punished is deterred from further action; and general, the public is deterred from committing deviant acts by this example of punishment of another. But now the myth of "rehabilitation" dominates the field (Hirschi, 1969; Eisner, 1969). The probation system and the training school are exemplary of the implementation of the rehabilitation approach. While psychotherapy, biochemical therapy, behavior modification and other approaches are being tried, no one strategy is characteristically applied, although behavior modification in its many forms appears ascendent. In the group home, where behavioral change is sought through psychodynamic group therapy, individualized treatment has been abandoned as ineffectual; true analytic theory is replaced with group counseling, guided group interaction, and point systems on the theory that adolescents are unprepared for the truly introspective relationship with their own psyche which analytic therapy would require (Keller and Alper, 1970).

There is a serious problem in the rehabilitation approach, when the behavior sought is not typical of or normal to the group to which the deviant will return; the deviant behavior may be acceptable or necessary within the deviant's own group, and the new behavior may be inappropriate for the individual within his own environment (Eisner, 1969). The juvenile is thus in a unique position *vis-a-vis* his deviance. An act which is non-deviant, or only nominally deviant, if perpetrated by an adult, and which is non-deviant within the child sub-group, is often the basis for sanction by the system which is run by adults. It is impossible for the deviant to gain admittance to the control group, and thus legitimize his behavior (by legislation, for instance), without first being conditioned not to deviate. Furthermore, in gaining the proper age for membership in the community control group, he has lost membership in the target group.

Figure 2 demonstrates the action of the community on the deviant subgroup. The adult control group (represented by circle 1 below) regards childhood itself as deviant (circle 2), and the thrust of community efforts in education and acculturation are to bring youth within the community group (solid arrow).

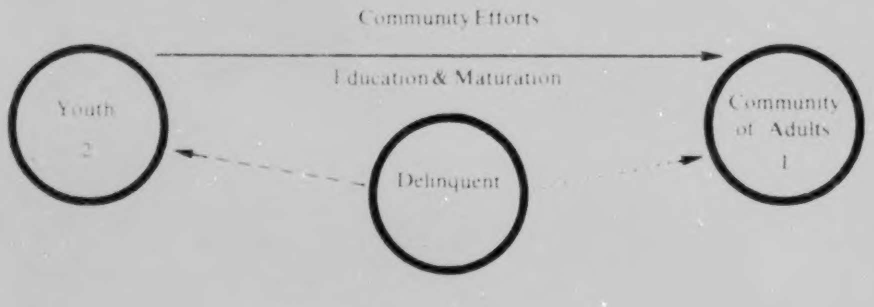


Figure 2. Action of the Community

The juvenile delinquent is not only deviant *vis-a-vis* community but also *vis-a-vis* youth (or he would not be singled out for special correction). Yet often the implicit approach of the juvenile court system is to return the child, not to the sub-culture to which he belongs — but to the adult community. The deviant is, by this approach, prematurely, abruptly conditioned to return to the adult system without having access to the benefits such conditioning normally offers as reinforcement for conformance, and without the benefits experienced by the more normal, gradual acculturation offered his non-deviant peers.

A staff worker who works to get his fourteen year-old client to "act like a man," "accept his responsibilities," etc., may be pushing that client to do more than other fourteen year-olds are required to do, simply because he has been apprehended for committing an act, normal to fourteen year-olds, deviant to adults. In borderline, undiagnosed EMR cases, to request conformance with even the youth sub-group may be to favor system over reality.

Emerging Concepts

Travis Hirschi (1969), has examined what he considers to be the three dominant or fundamental perspectives on delinquency. He catalogues all theories of disturbance and intervention as strain or motivational, control or bond, and cultural deviance. In the strain or motivational theory, the child has legitimate desires (as defined by the community) which he sees as unobtainable through conforming behavior. Regardless of whether the child may be wrong as to this obtainability, he acts out of the belief that deviance is the only method through which he will be able to satisfy these desires. Hirschi finds this conceptual approach erroneous and generally in disrepute but Belton Fleischer's work on the economics of delinquency (1966) seems to be at least indirect proof of the validity of this theory. Fleisher's highly technical statistical study indicates that there is a connection between certain economic factors and the processed juvenile. It would only be a small jump to the conclusion that the disillusioned poor thus become deviant out of desperation and lack of alternative.

But Fleisher's study could also support what Hirschi labels the control or bond theory. According to the bond theory, the deviant's ties to the conventional community have been broken, usually willfully, by the deviant, and control must be re-exerted. Hirschi believes this to be the prevalent (and popular) conception of the cause and treatment of delinquency. Eisner's (1969) work supports the popularity of this view. In delineating the epidemiology of delinquency, the labeling process, Eisner accepts as the major premise of the system its assumption that deviant behavior is sign of a willful disregard of legitimate authority and/or evidence of a personal defect. However, Eisner goes on to question the efficacy of this approach to the labeling and treatment problem. Are there not, he asks, unintentionally produced criminal responses, caused by the community itself; are these no more than the normal reaction of any normal individual to what is, in fact, an abnormal condition?

Eisner's rhetorical question might eventually lead one to the third of Hirschi's theories, cultural deviance. There is a strong movement toward this approach in the explanation of delinquency (Rhodes, 1972) which sees the deviant as doing no more than conforming to a set of standards not accepted by the more powerful community. Eisner also finds the emotional problem concept in disfavor among professionals (and the public), and sees therapy as often confirming the delinquency of the adolescent who has been seeking a role or identity for himself.

Burt's paper (1972) returns to the earliest theme of the child-savers in its attempt to probe the realistic possibilities for future collaboration between the legal and psychiatric professions in determining their proper roles in the juvenile court system. The theories of "parens patriae," "mutual compact" and "therapeutic interventions for the mutual benefit of the state and the child" led to almost complete elimination of the attorney from the process. Despite the outcry against this trade-off of constitutional benefits in return for preferential treatment (Rosenheim, 1962, Task Force Report: Juvenile, 1967), it was not until the *Gault* decision that this trend was reversed. Claiming that the court has become an uncontrolled caricature of its original purposes under the beneficial direction of the mental health professionals to whom it was entrusted, Burt posits that the advent of advocate challenge will aggravate rather than ameliorate the system's ills. From this he concludes that the attorney should co-opt his advocate role in an alliance with the mental health professionals in the best interest of the child. While it is true that he would limit the coercive treatment powers of the court by limiting its forced commitment power to a term of ninety days, in line with the more recent cantos on the importance of the voluntary therapeutic contract, there seems little to be gained by officially recognizing what is an already troublesome covert practice. Ironically, Burt's approach is essentially the position refuted in the early case of *People v. Turner*, which dominated the system, despite protest (Rosenheim, 1962) until the *Gault* decision. There seems little purpose in interjecting the attorney into this system if he is not to fulfill his usual and much needed role of advocate.

VII. FACILITIES AND PROGRAMS

Reform-Training Schools

Separate facilities for the incarceration of juveniles were first opened in New York in 1825 and Boston in 1826 (Reeves, 1929). But these were little more than adult prisons and it was not until Dr. G. E. Howe established the Ohio Reform School in 1854 that theories of behavior change and socialization could be successfully implemented in a minimal security, unwalled, industrial school where individualized treatment, technical or agricultural training, and moral and physical education could be stressed. By 1910 there were 65 such institutuions in the United States of varied quality but of general likeness, according to the *Task Force Reports: Juvenile, and Corrections* (1967). There has been little real change in the basic character of the majority of institutions up to the present time. The typical reform school is near, but not in, an urban population center, and stresses a regimentation of carefully scheduled hours in school or trade training, recreation and free time, and has a staff primarily of teachers and counselors (which may be a euphemism for guard, or simply model); there is a shortage of diagnostic and clinical services available on any regular basis. Conditions at that time (1967) at some of these institutions were such that they would have been closed down by state law if they were adult facilities. Reform-training schools are presently being phased out in many states, replaced largely by group homes.

Group Home

The group home has been referred to as a "return to community" treatment mode (Alper & Keller, 1970). Treatment at group homes generally includes group counseling, guided group interaction and psychoanalytic group therapy, and more or less contractural point systems when the services and personnel are available. My own experience with group homes has convinced me that their success is largely dependent upon the personalities of the resident staff, and that coercion of various types, particularly the threat of institutionalization, is a dominant treatment mode.

Highfields might be seen as a precursor of the group home concept. While the youths are treated in a modernized rural and congregate project rather than "in the community," the approach is still the guided group interaction, and is also an "environmental intervention" (McCorkle, Elias and Bixby, 1958).

Probation

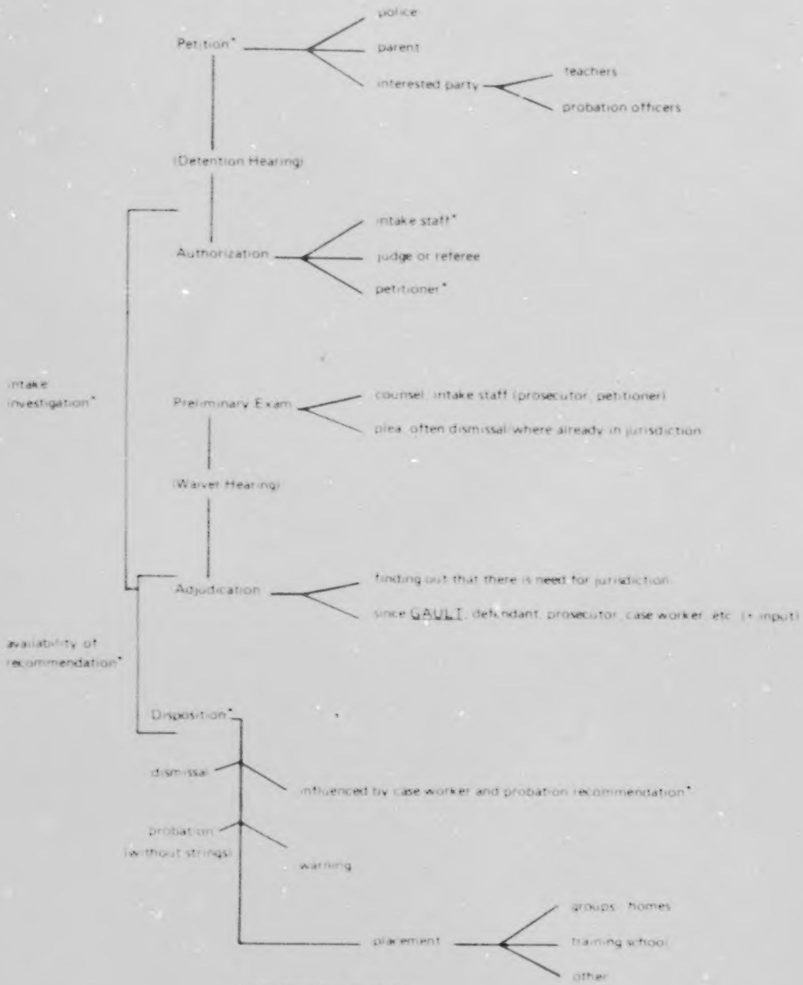
Probation is the maintenance of the adjudicated offender in the community under the supervision (jurisdiction) of the court (probation officer) while he conforms to the conditions of a delineated treatment program. The *Task Force Reports: Juvenile, and Corrections*, 1967, estimated that 74 per cent of all the counties in the United States had some form of probation plan available. In the majority of these states the program is administered by the local juvenile court and staff. The average active caseload of a probation officer at that time was between 71-80.

The typical treatment modes available to the probation officer are: a regular reporting schedule, which is the closest the child may ever get to individualized treatment; job training, counseling and placement, or referral to some "community resource." Many probation officers are also dependent upon the supervisory tools of "positive" and "negative" persuasion. In this context this means either appeals to the morals of the child, with emphasis upon the opportunities available to him (positive), or an attempt to frighten the child into conformity with the proximity and horrors of more severe punishments such as institutionalization (negative).

An example of the more successful use of the probation system is the Silverlake experiment (Empey and Lubeck, 1971). Aimed at boys of fifteen to eighteen years, diagnosed as having ecologically based deviance problems, the conditions of probation require the child to attend regularly scheduled peer group therapy sessions, while leaving the youth within the troubling environment. Job training, career counseling and placement are an integral part of this probation-oriented system.

VIII. THE JUVENILE TRACK IN THE LEGAL SYSTEM

Figure 3 will give the reader a feel for the child's trip through the juvenile court system — frequent reference to it will aid in an understanding of the descriptions which follow. Neither chart nor description is meant to be exhaustive, but both are exemplary of the system's operation, no matter what its complexity or size in a particular locality. Parentheses indicate less significant, or "optional" facets of the system, asterisks indicate access points for the special education teacher or other interested party.


Petition*
police
parent
interested party
teachers
probation officers
(Detention Hearing)
Authorization
intake staff*
judge or referee
petitioner*
intake investigation*
Preliminary Exam
counsel, intake staff (prosecutor, petitioner)
plea, often dismissal/where already in jurisdiction
(Waiver Hearing)
Adjudication
finding out that there is need for jurisdiction
since GAULT, defendant, prosecutor, case worker, etc. (+ input)
availability of recommendation*
Disposition*
dismissal
influenced by case worker and probation recommendation*
probation (without strings)
warning
placement
groups homes
training school
other

* indicates easily accessible intervention points

Figure 3. The juvenile track in the legal system.

Stationhouse Adjudication

One cannot ignore the importance of the unofficial, stationhouse, or police intervention (Miller, Dawson, Dix and Parnos, 1971). However, while most people are aware of it, there is a dearth of statistical material available. When a police officer stops and lectures a child, or takes him to the station but never charges him, an intervention occurs, a treatment mode is being tried. Some states, recognizing the necessity of such interventions to prevent inundation of the court system by minor cases, have now legitimized this stragegy to the point of legislating provisions for administrative-type hearings before a police officer. In 1964 the Chicago Police Department's Youth Division reported 26,978 such quasi-administrative dispositions, with only 13,374 cases being heard by the juvenile court in that same period. While the Youth Division officer has the coercive threat of court referral to empower his dispositions, he lacks the juvenile court judge's authority to enforce acceptance of a willing child by a community resource. Even where the stationhouse disposition is technically forbidden it is often used, and access by outside influences is limited.

The Petition and Authorization

The petition is the initiating device in the juvenile court system. Its purpose is to bring a child to the attention of the court with the intent of eventually procuring an adjudicative hearing and treatment disposition. The petition is also used to notify the child and his parents of the allegations made against the child and will usually be fairly specific in delineating the reasons why court attention is required. The petition will normally identify the petitioner as a police officer, but under most state statutes a petition may be filed by any interested party; parents (e.g., when the child runs away), teachers or school administrators (e.g., truancy cases), and probation officers (e.g., violation of past probation agreement) are also frequent petitioners.

Once received, the intake staff — where one exists — may commence an investigation as to the validity of the petition and the necessity for court intervention, or may refer it to an investigative agency. The absence of intake staff in many courts facilitates direct access of third parties such as teachers and parents in such jurisdictions. Only if the intake staff recommends authorization, and authorization occurs, will a case move to the adjudicative or trial phase. Some intake staffs have been delegated the power to authorized the petition themselves. In either case, in conducting the intake investigation, the staff will contact the petitioner, request the child and his parents to come in for interviews, and often, time permitting, do a background investigation on the child, contacting friends, neighbors and schools. While the intake staff is usually not empowered to *compel* cooperation, the inherent authority of the position is often instrumental in the success of this initial investigation. The coercive effect of inquiry by the intake staff may also result in extra-judicial (quasi-legal) co-optations of the child and his family. For example, the intake interview may lead to the parents' agreeing to start the child on a treatment program before he has been proved delinquent. These "unofficial" interventions are often quicker and less traumatic, though less controlled, than the more official ones the system was created to provide.

The intake staff ranges in training and identity from a separate staff of Masters in Social Work to the judge's clerk-secretary; it is accessible to input from trained members of the community, as is the petitioner (who may be convinced not to sign, or to "drop" the petition), and information on the incident, ameliorating circumstances, and peculiar treatment needs of a child can lead to the court's refusing jurisdiction. Authorization of the petition may also be refused if the child is already within the jurisdiction of the court for some past offense and no change in disposition is foreseen.

Detention and Waiver Hearings, and Preliminary Exams

Should the child be placed in a detention facility for any period of time most states require that a hearing be held, usually within 48 hours. Attorneys will often be provided at this stage of the proceedings. The only purpose of the detention hearing is to determine whether the statutory requirements for detention have been met. In Michigan, for example, the following criteria are used:

1. Unavailability of parent, guardian or other adequate placement;
2. Home conditions make immediate removal necessary;
3. Runaway from home, or otherwise evading the person or proper authority having legal custody;
4. Offense is so serious release would endanger public safety;
5. Need for observation, study and treatment by qualified experts. (Michigan Juvenile Court Rule 3.)

The rule further provides that the conditions set forth above must be so serious the interest of the child or society cannot be protected unless the child is detained. It is unlikely that the mental health or education professional will serve any useful purpose in such a hearing unless criteria number 5, the diagnostic detention, is to be the basis for holding the child.

In many jurisdictions an attorney may request a preliminary examination — a further, more formal investigation into the probable cause for proceeding to adjudication — equivalent to that provided in the adult criminal proceedings. A request for preliminary examination is sometimes effectively used to gain time for the preparation of dispositional recommendations or other materials.

A waiver hearing, whether requested by the prosecutor, intake staff, child or judge, is held to determine whether the best interests of the child and the state will be best served by putting the child through the adult criminal process. One standard for waiver includes a finding that the juvenile court system's remedies or interventions have been exhausted or have proved inadequate and that alternatives available within the adult system should be tried. This is an issue to which the mental health or special education professional can speak with authority, and such testimony can be invaluable in successfully fighting a waiver petition.

Adjudication

This is the trial segment of the juvenile's trip through the system, and prior to *Gault* one of the most controversial aspects of it (Rosenheim, 1962). Ostensibly for the protection of the child, the pre-*Gault* adjudication hearing was totally lacking in procedural safe-guards. The caseworker after a "thorough investigation normally presented the case against the child to the judge, acting at the same time as the child's defense lawyer. Few witnesses were ever called as such conferences, since the caseworker had already talked to them. The effective inputs of parents or those friendly to the child were often minimal. The judge typically had only the word of a trusted caseworker upon which to base his decision. The caseworker, because his real interest in the treatment of the child's "true" problems, was in a position not only to "rig" the adjudicative process for treatment purposes but to influence the dispositional as well.

Whether or not the dispositional process is actually given a separate hearing becomes irrelevant under such a system. The caseworker's dispositional recommendation was more often conclusive, coming as it did from one of the court's own staff. The effective input of outsiders to the system at this stage was even less than at the adjudicative phase. It was too easy for diagnostic preference, particularly on a first-to-see-only-one-to-treat basis, to be the determinate factor in the recommendation.

Today, the only interest of the adjudicative hearing should be determination of whether or not there is any factual and legal basis for the courts exercising its power over the child: determining guilt or innocence of specifically alleged conduct, or a claim of neglect. The extent to which the pre-*Gault* situation still exists seems to be a direct function of the size of the local court system and the role accepted by the lawyers and judges. Many times the lawyer will have the client plead guilty at this stage because of knowledge of, and acquiescence in the disposition which will follow. Dismissal is still possible at this stage and avoidance of convictions is always a contravening factor. There is little need for the mental health or education professional when the adjudicative stage is truly separate from the dispositional hearing.

Disposition

Theoretically the juvenile court will next hold a hearing to determine the proper treatment to be administered to the adjudicated child. Where intake staff and probation staff are separate, the intake staff's file has been transferred to the probation officer for recommendation of a treatment program, and such a recommendation will probably be available before the hearing is commenced. The child may have been sent for diagnostic analysis to a psychiatrist or other professional during this period. Obviously professional input at this stage is inveluable whether within the staff recommendation, or as state or defense witnesses — it may well be determinative of the court's action, but a favored treatment mode of the judge is often a controlling factor and must also be considered.

Among the dispositional modes open to the judge will be a warning, probation, placement in a group home or training school, a private placement, or placement of some other institutional nature. The treatment meted out to a child may well be as dependent upon the creativity of the attorney and the professionals he enlists in his assistance, as it is upon the resources of the community, and it is certainly true that at this stage, the child is in need of all the interested help he can get.

IX. CONCLUSION

The diversity, the heterogenity of the juvenile court system is, at the same time, the system's weakness and its strength. As a whole, it defies analysis and changes happen slowly; within its units, it is innovative and evolving, capable of meeting the challenge of the future. The continuing participation of a federal bureaucracy in the system could have an adverse effect upon the extent of heterogeneity; at the same time it could be the monetary shot in the arm the system needs to survive. Theoretically, the system is one withe best interest of the child at heart, and for this reason it is ideally suited for a limited intervention role.

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THE TREATMENT OF DEVIANCE BY THE LEGAL-CORRECTIONAL SYSTEM: A CASE STUDY

by

Alan Neff

I. INTRODUCTION

For purposes of simplification, "legal custodian" or "custodian" will be used as an umbrella term to designate any person or persons legally charged with providing for a child's welfare. The custodian may be the child's parents, guardian, or any other persons legally responsible under the law. The child will be designated "the client." The custodian or child may be the "defendant." "Exit" is defined as termination of processing along the pathways described below.

The Noah County juvenile legal-correctional system consists of five major interacting entities:

1. The County Juvenile Court
2. The County Youth Home
3. The County Prosecutor's Office Juvenile Prosecutor
4. The Noah County Police
5. The State Police

A sixth agency, the County Sheriff Department, does not have a formal Youth Bureau as such. However, the Sheriff's Department does handle juvenile matters as part of its normal workload.

The Court and Youth Home are located in the northeastern corner of Noah in a lower middle and middle class neighborhood. City Police Headquarters (where the Juvenile Bureau is housed) and the Prosecutor's Office are located in the downtown business district. The State Police are located to the north of Noah in an adjoining township.

Court personnel consists of the Judge, the Intake Officer, the Referee, the Court Director, the Casework Supervisor, the accountant, the adoption coordinator, the consent adoption worker, the foster care worker, five full-load caseworkers, two full-load secretaries, a receptionist, and an assistant to the Intake Officer (Figure I).

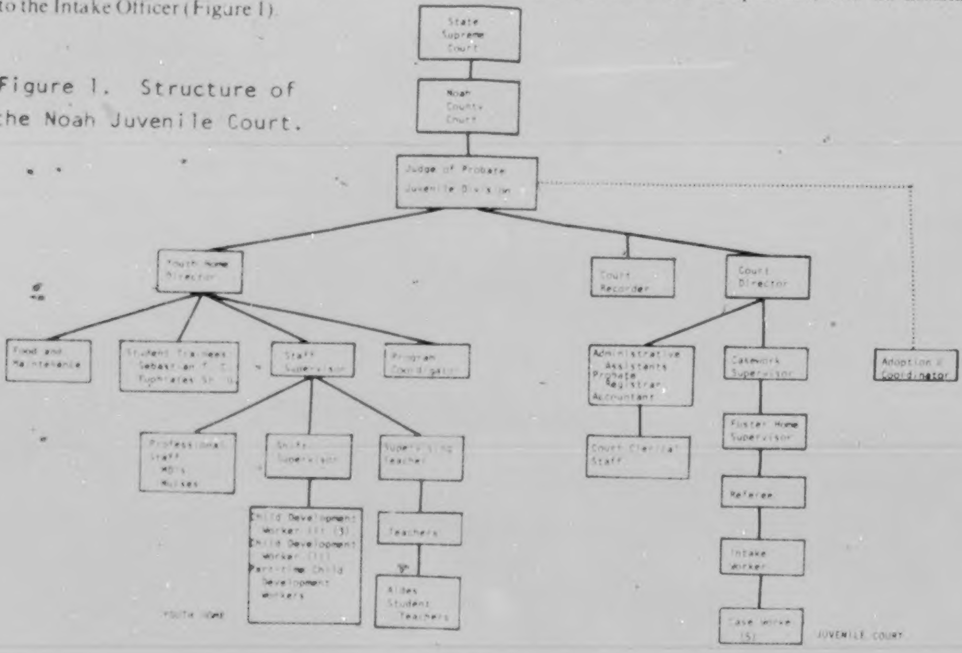

Figure 1. Structure of the Noah Juvenile Court.

Juvenile Court jurisdiction[1] extends to all abuse, neglect, and delinquency matters regarding juveniles residing in the county. Although an offense is committed by or against a juvenile in the county, if the youth is a resident of another county, jurisdiction lies in the latter county.

There are two jurisdictional areas in which the Court may choose (and usually does choose) not to act. In the first instance, the Juvenile Court will refer to the Circuit Court (of which the Juvenile Court is a branch) any child-related matter arising out of a family-related order of the latter court (e.g., if a child is not receiving support from a parent under a divorce order to support the child, the non-support complainants will be referred to the Circuit Court). In the second instance, the Juvenile Court may "waive jurisdiction[2]" over a child fifteen years or older who has committed an act that would be a felony if a person over the age of majority (eighteen years of age in this state) had committed it. Waiver is accomplished after a hearing in which it is determined that the offending child is over fifteen *and* that the crime allegedly committed by the child is a felony offense. The Court also looks to the prior record and developmental history of the child, the seriousness of the offense, the frequency of the offense and program availability for treatment as a juvenile. Since criminal waiver is a discretionary act ("To waive or not to waive" is the choice of the court if the prosecutor or child requests it and the above mentioned facts are present), there are no hard and fast rules as to when the Juvenile Court will or will not waive jurisdiction. However, it is generally safe to say that the more serious the alleged crime and the closer the client is to seventeen, the greater is the probability of waiver.

The Court is a year-round operation. However, there is a downturn in its work load during the summer months and an increase at the beginning of the school year in the fall. This fluctuation is probably due to the fact that the child is not in school during the summer months. As a result the number of institutional systems monitoring the child's behavior is reduced by one. Therefore, the child is not exposed to the full range of agency sanctions and rules.

The Home is a much newer one-story structure. It has offices in the east-west wing, girls' residential and communal recreation areas in the south wing, boys' residential and communal recreation areas in the west wing, and classrooms, shops, a gymnasium, and the dining area in the north wing.

The staff of the Home is somewhat larger than that of the Court, due to the fact that the Home is a security-oriented residential center. Home personnel consists of the Director (hierarchically, on an equal footing with the Court Director—an arrangement different from most juvenile courts in this state), a Program Coordinator, a Staff Supervisor (who acts for the Director in the latter's absence), three Shift Superintendents (one of whom is the Staff Supervisor), three assistant shift-superintendents, child careworkers, teacher's aides, one secretary, custodial and kitchen workers (Figure 1).

The Home is used for detention of any juvenile within the county, pending legal proceedings. It is used almost exclusively for delinquency detention and rarely, if ever, for abused or neglected children. The average period of detention is eighteen days, running from a low of a few minutes to as much as six months, though the last figure is by far the exception rather than the rule. The Home is operated and open during the entire year, though there is considerable fluctuation in its resident population.

The Noah (City) Police have a Youth Bureau which handles all delinquent, abuse, and neglect matters. The Bureau consists of a supervisory Lieutenant, a Sergeant and two officers. Nearly all the investigative work and decision-making is handled by the Sergeant and two officers. The Lieutenant's assistance is sought only in matters of review and in the tougher cases. The Sergeant and officers tend not to rely on the Lieutenant because his duties extend beyond the juvenile bureau.

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[1] Jurisdiction means that the state legislature has empowered the court to hear a given class of cases.

[2] To "waive jurisdiction" means that a court declines to exercise its power to hear a case or class of cases. One then hears that a given case was "waived over" to Circuit Court.

Finally, the State Police District Juvenile Detective and Juvenile Officer are housed in District Headquarters. Their offices are located with the Detective Division. The State Police Post is headquarters for a district that encompasses far more than Noah County. Consequently, the District Juvenile Detective's "beat" is considerably larger than any of the other three agency jurisdictional areas. Both City and State Police agencies operate on a year-round basis.

There is no single immutable order in which the agencies participate in client processing. First contact and initial processing may be with and by the court's Intake Officer, either police agency, or the Youth Home Intake Referees.

The order in which the agencies initially participate depends in very large part upon chance, or, rather a confluence of variables over which the Court, police, and Home have little control: where the child's variance manifests itself; who witnesses it; what the witness decides to do about it; and whom the witness decides to contact regarding the variance.

A homeowner may arrive home late at night, discover youths breaking into his or her home and call the State or City Police or the Sheriff's Department. A parent may bring his or her child to the Home for detention because the child is constantly running away from home. A babysitter may take a job, find that the parents leave and do not call or contact the home for days, become worried and decide to call the Juvenile Court for assistance. In short, there are a number of entry points to the pathway.

II. DECISION-MAKING AND THE CLIENT PROCESSING PATHWAY

Decision-making is rarely a simple process that can be explained readily by the decision-maker. Two persons charged with making the same decision on the basis of the same facts may emphasize different elements of the common factual situation and devise completely different decisions. Fortunately, the Noah juvenile legal system is not a particularly large agency. It is a small, relatively informal and tightly-knit system. There is a great deal of daily interaction on professional matters, much feedback, advice giving and getting. As a result, the same factors tend to be emphasized by personnel. Moreover, the law *requires* that certain factors (e.g., age, home or placement of preference, and nature of offense by or against the child) be emphasized in decision-making.

The decision points discussed above are either "true" or informational decision points. A true decision is one that eliminates alternative courses of processing. The decision needs no further approval, certification, or support to be enforced. Informational decisions are diagnostic. They describe the case status factually and characterize it in a certain fashion. They may be accompanied by recommendations, which carry great weight. Nevertheless, informational decisions are not self-enforcing. They require, at the very least, the "stamp of approval" of some other official in the pathway.

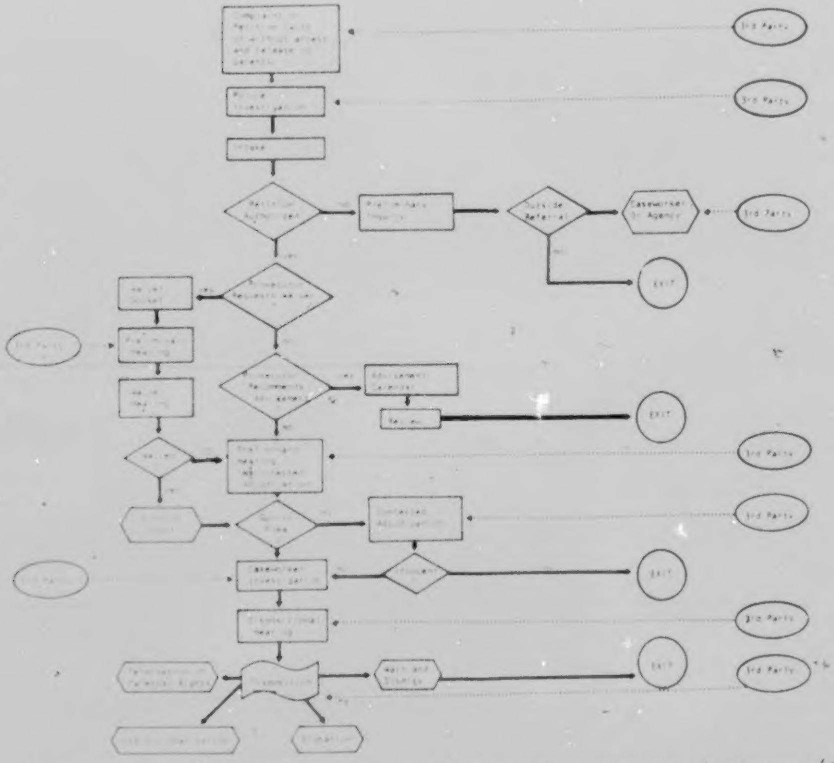

Figure 2. Juvenile Court: Client Processing Pathway (Court)

Nearly all the decisions discussed above are true decisions. The only decisions which can be said to be at all informational are listed below:

1. the caseworker's dispositional recommendations;
2. the police investigation of a matter referred to the police by the Intake Officer;
3. any report made to the caseworker by an agency or person to whom the case has been referred for evaluation (e.g., doctor, psychiatrist, DSS, the Mental Health Clinic);
4. reports and planning recommendations by Home personnel to caseworkers regarding detained children; and
5. the Referee's report of a preliminary inquiry or uncontested adjudication.

These few decisions or reports have in common the fact that they are primarily fact-gathering processes. Home personnel, caseworkers, diagnostic agency personnel, police officers, and Referees may recommend certain courses of action, but, in each case, the decision to adopt the recommendation ultimately rests with another official in the pathway.

We will examine the decision-making in the pathway along three major channels — the Court, the Home, and the Police.

Agency Personnel in the Preadjudication Phase

The Intake Officer. All direct entry to the courts is referred to the Intake Officer. Her duty is to receive all in-person or telephone complaints of variant child or custodial behavior during court hours. She takes all available information from the complainant regarding the alleged variance — who, what, when, where and how.

A complaint may be made by anyone. For simplicity's sake, this can be broken down into three groups: private citizens, police, or personnel of other agencies. The Intake Officer then must decide whether or not the reported behavior constitutes a Juvenile Code violation.

If she decides the matter is not covered by the Code — the behavior is neither delinquent, abusive or neglectful — she will close the matter, allow it to be discussed with a caseworker informally, and/or make a referral. If she believes it is a Code violation, she will ask if there has been a police investigation. If there has been none, she will refer the complainant to the City or State Police for investigation[3].

Once there has been an investigation and a report accompanies the complaint she decides whether or not the investigation corroborates the report. If it does not, she will close the matter. If it does, she will assist the complainant in preparing the "petition." This is a legal document that sets forth the basic information discussed above.

The present Intake Officer feels that the Court should intervene in matters of alleged child variance only as a last resort. She believes that court machinery is cumbersome and stigmatizing. Moreover, she feels that Juvenile Court is a business and should be run efficiently. In her estimation, this means that case loads should be optimized, rather than maximized.

In deciding whether or not to accept a complaint or prepare a petition, she looks for several major indicators: first, is the child under seventeen? Second, does the Juvenile Code cover the matter, that is, do the facts reported by the complainant constitute delinquency, abuse, or neglect? A delinquent act is one that would be a misdemeanor or a felony if an adult had committed it (the range of activities so designated are found in the State Criminal Code) or any of five other categories of behavior listed under the Juvenile Code.

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[3] In runaway and uncontrollability cases, the Intake Officer does not request a police report.

1. running away from home, failure to obey the "reasonable and lawful commands" of parent, guardian, or other custodian;
2. associating with "immoral" persons, leading an "immoral" life, or found on premises used for illegal purposes;
3. repeated absences from school or violations of school rules and regulations;
4. habitual idling away of time;
5. repeated patronizing of tavern or other place where the principle purpose of the place is the sale of alcoholic liquor.

Child abuse is defined loosely by the Juvenile Code but can be generally considered to be willfully cruel behavior toward the child, usually in the form of doing physical violence to the child. Neglect is defined by the statute as the failure to provide proper and necessary care for the child—food, shelter, clothing, schooling, medical care, etc.

In cases where the behavior is not clearly abuse (such as a one-time over-disciplining), neglect (for example, where the parents are not schooled as to a child's needs), or delinquent (the "crime" is trivial or simply associational), the Intake Officer prefers to counsel, provide information, and or suggest referrals (to DSS, the Mental Health Clinic, charitable organizations), rather than invoke the Court's jurisdiction. If, in her estimation, financial or physical resources are not available to remedy the situation, she will not accept the case. As mentioned above, where the problem arises out of a prior adjudication by the Circuit Court, she will refer the case back to that court. She will under almost no circumstances (except runaway or incorrigibility cases) accept a letter of complaint or petition unless there has been a police investigation and a police report accompanies the letter or petition. She feels that the Court is not an investigative agency and relies in great part on the police to separate the frivolous allegations from the substantive ones. If investigation does not corroborate the allegations, she will not accept the matter.

Generally, she may accept or reject a case. To accept the case means that the complaint letter or petition will be routed to the prosecutor. To reject the complaint or petition means that any court action will be informal, unofficial, and at most, culminate in a referral. The options available in this latter major category may include phone chat, a person-to-person counseling session, or a referral. Court participation is held to a minimum. The client is not usually present at this stage.

As a result of the screening policies and philosophy of the Intake Officer there has been some drop in the case load size. No caseworker or other court personnel was heard to complain that his or her work load was too large to manage. The caseworkers expressed the feeling that they had sufficient time to do their work, design new programs and participate in in-service training programs.

At the initial stage, outsiders exert influence on the decision-making process. This influence takes the form of making the complaint and, often, urging the Intake Officer that the Court accept the matter for further processing. It is likewise clear that one processing alternative available at this point is exit from the system. This exit may take the form of simple refusal to accept the petition or referral to the resources of another agency.

If a police report has been prepared (or the matter is one regarding running away or uncontrollability) and the Intake Officer has decided to accept the petition, the matter is routed to the Prosecutor, the next decision maker in this processing pathway.

The Prosecutor. The Prosecutor must decide whether the petition sets forth facts and events that can be adjudicated in a court of law and whether a potential criminal prosecution would fail because of any constitutional defects in the discovery or investigation of the behavior an illegal search, a failure to give the "Miranda" warnings, etc. If there are no constitutional defects and the alleged behavior is violative, the prosecutor will then authorize the petition, that is, permit prosecution to continue. Otherwise, the prosecutor will refuse the petition. In practice, there will almost always be a preliminary inquiry into any allegedly criminal matter. The only exception to this generality occurs where the person about whom the complaint is made has a history of prior offenses and convictions. No preliminary inquiry will be set in this situation. Instead the matter will be set directly for adjudication.

Once adjudication or inquiry has been set, or the Intake Officer has screened the case out (either by phone counseling referral, or simple refusal), her responsibilities in the matter are at an end. It should be emphasized that the Intake Officer has enormous discretionary power. It is she who decides whether or not the court machinery will swing into action in a given case.

The Prosecutor has only two choices: he may authorize or refuse the petition. The Prosecutor's decision is based on a two-fold legal evaluation of the petition: does the petition make allegations which, if proved, constitute a violation of the Juvenile Code? If the petition does state facts which constitute a violation of the Juvenile Code, is there any *legal* reason why the petition should be refused?

If the prosecutor is to authorize a petition, the answer to the first question must be "yes" and the answer to the second question must be "no."

If the answer to the first question is "no," then clearly the prosecutor cannot authorize the petition. If no violation is stated, then the Court has no jurisdiction to hear the matter. The Court can only hear cases where there is a Code violation or violations.

If there is a violation, the Prosecutor may still refuse to authorize the petition because of constitutional defects in the manner in which the petition information was gathered. Typical examples of this would arise where the police have failed to assure the accused his or her constitutional rights during investigation. For example, if the police illegally entered and searched the child's room when the law required that police have a search warrant, the case would probably be thrown out of court because critical evidence could not be introduced at trial because the evidence was illegally seized. Another example could be that the police had failed to inform the child of his or her constitutional right to remain silent. If the child had confessed and the confession was crucial to the Prosecutor's case, the prosecution would fail for want of an admissible confession. The prosecutor usually chooses not to bring cases having constitutional defects. The prosecutor will often refuse a petition where it is simply too difficult to prove the petition's allegations: important witnesses have died or left the area, evidence is lost or ambiguous. Finally, although the present prosecutor does not authorize every petition that states a violation but contains no defects, a petition on simple curfew or first or second truancy violations in the absence of any other code violations will be handled by inquiry. He feels that curfew violations are of themselves trivial and a waste of the legal system's limited resources. The prosecutor's decision is usually his alone. No outside influence is brought to bear.

In deciding whether or not to authorize a petition in an abuse case, the Prosecutor does not rely solely on the legality or sufficiency of the petition. In cases where the family is on ADC, the Prosecutor will contact the protective services worker at DSS who has the case. From that worker, he will try to determine the history of abuse in the family upon whom the petition has been filed. The more severe and frequent the abuse, the more likely he is to request immediate removal and to authorize the petition. The Prosecutor will almost always authorize an abuse petition unless the protective service worker tells him to refuse the petition. He will usually follow the worker's recommendation because he feels his knowledge of such matters is inferior to the caseworker's at DSS. In non-ADC abuse cases, he is inclined to authorize petitions because he fears repetition of the violation and increasingly more serious abuse. How far he will prosecute depends on the ease with which the situation may be ameliorated.

In a neglect case, the Prosecutor tries to determine whether there is real neglect or whether the parent is just a poor judge of necessities. As he sees it, evidence of actionable neglect means more than just one isolated incident. There must be a pattern of repeated instances of neglect. If there is such a pattern, he will authorize the petition, even if there may be legal defects. He feels that subjecting the parent to further proceedings may help to impress the parent with the seriousness of the matter.

In delinquency matters, other than simple curfew violations or first or second truancies, he examines the petition and police report to determine several things. First, is there a crime? That is, do the acts alleged constitute behavior explicitly prohibited by law? Second, he attempts to determine whether the "elements" of the crime are present — motive, intent, a taking of property, a striking of a person, etc. Third, he looks for the presence or absence of constitutional defects. If there is a crime, the elements of it are present, and there are no constitutional defects, he will probably prosecute. In delinquency matters the petition decision is the most straightforwardly legal.

Once he has authorized a petition, he has to decide how vigorously he will prosecute the matter. In abuse and neglect, he proceeds vigorously because of the danger to the health and well-being of children. In delinquency matters, he is required at trial to prove his case by tougher standards. He is therefore more inclined to consent to advisement agreements and less inclined to take the matter to and through trial in less serious cases. More serious cases — assaults, armed robberies, sexual offenses — he will vigorously prosecute. He does no plea bargaining in delinquency matters, since the caseworker has far more influence in controlling dispositions than the Prosecutor. The client is not usually present during this stage, though the client's attorney may discuss the matter with him and try to influence his decisions.

If the Prosecutor decides to authorize the petition, he will sign it and recommend that after consultation with the Intake Officer the matter be placed on the "advisement," "formal," or "waiver" calendar. He will then return it to the Intake Officer, who routes the petition to the Probate Registrar who will place the case on the advisement calendar or set the case for a preliminary hearing (uncontested adjudication) before the Referee. At this point, the Prosecutor begins preparing the state's case. The Intake Officer's responsibilities end when she routes the case to the Registrar.

If the Prosecutor refuses to authorize a petition, he returns it to the Intake Officer. She in turn routes the petition to the Probate Registrar, who schedules the matter for a preliminary inquiry before the Referee. Both the Intake Officer and Prosecutor have no more responsibilities once the matter is scheduled for an inquiry.

The Referee. The Referee's role is primarily that of an information-gatherer and fact-finder. As such, the majority of his decisions are not self-enforcing. In a preliminary inquiry or hearing, he hears the facts and tries to decide what happened. In addition he decides what stance to take toward the client in a preliminary inquiry.

The setting for the inquiry is informal. It is not recorded. The child and his or her parent or parents are present. The Referee's role is one of counselor, rather than fact-finder. He discusses the matter with the family and tries to find out what really happened. In this setting he is to assist the family in evaluating the situation and the available alternatives. If there has been a violation but there will be no prosecution, he assists the family in discussing ways and means of coping with the situation.

In trying to decide what stance to take in an inquiry he looks to the age of the client, his/her attitude, and that of his/her family. A concerned, penitent, and helpful client and family will be offered the support and assistance of the Court. The Referee will adopt a more passive and "helping" role. Where the client is indifferent, hostile, and unrepentant, the Referee will be more active, exploratory and probing.

The more serious the offense presented for inquiry, the more active the Referee will be. He "goes easy" on initial traffic offenses but is liable to get tougher in cases of repeated infractions of the traffic code.

In deciding what stance to adopt, he tries to elicit the feelings of the family members about the offense, themselves, and each other. He tries to determine what life styles the family and children have adopted.

The Referee makes no formal dispositional recommendations on inquiries. After the Referee completes the inquiry interview, the matter is closed and exits from the system.

On the other hand, the preliminary hearing is a formal recorded Court proceeding. The parents of the child are served with notice of the hearing approximately two weeks before the hearing. At the hearing, they are advised of their rights to silence, to retain their own attorney to represent them, to have an attorney appointed for them if they are indigent, to a jury and of termination of parental rights, if that may be at issue in the case. They are also informed of the nature of the offense by the child (delinquency) or against the child (abuse and/or neglect). The petition is then read and the parents (or child) pleads guilty or not guilty.

Where a plea of guilty is entered, the Referee will question the parents or child as to the events, prepare a written report of his findings and route it to the Probate Registrar. The matter is then set for a dispositional hearing before the Judge.

If the defendant child or parents plead not guilty or stands mute, the Referee will then proceed to determine whether probable cause exists to go to "contested adjudication" (full trial). Witnesses are presented and examined and evidence of innocence or guilt is produced.

In trying to determine what happened, he places the greatest emphasis on the credibility of the witnesses, testimony, and evidence. The indicators he looks for are consistency across witnesses' versions of the events, the simple "believability" of the events and any evidence that corroborates or refutes any version of the facts that is put forth.

Where the violation is denied, the Referee prepares a report of his finding of probable causes and routes the report to the Judge. If the violation is admitted, he prepares findings of fact and a dispositional recommendation. If the violation is a minor traffic, curfew, or truancy matter, he usually recommends that the matter be placed on the advisement calendar and/or set for review in several months and then closed. This recommendation is usually accepted. In the more serious admitted violations, the disposition recommendation is left to the caseworker assigned to the case at that time. Once he has prepared and routed his report, his Referee responsibilities in the case end.

The Caseworkers (Probation Officers)

There are five and one-half caseworkers — the half being the Referee, who carries a reduced case load. Until very recently, two of the caseworkers did nothing but non-ADC abuse and neglect cases (ADC abuse and neglect cases were and are handled by protective services at DSS) and the other five (including the Intake Officer and Referee, who both carried reduced loads) handled all delinquency matters, with children parceled out to same-sexed workers. The Intake Officer no longer carries a case load.

The Court now assigns all cases — delinquency, abuse, and neglect — to workers on a completely random basis. As of this writing, the delinquency workers are receiving their first abuse and neglect cases and vice versa. The two sets of workers were uncertain as to how they would handle the new cases.

The caseworkers make their first entry into the case at the uncontested adjudication hearing. At that point they are introduced to the family. The family, together with the Referee, decides whether the caseworker will actually sit in with the family and participate in the hearing. The job of the caseworker is to decide in and for each case what dispositional program is to be recommended to the Judge.

Although their decision-making is couched in the form of a "recommendation" for disposition, all interviewed personnel — Judge, caseworkers, Referee, Prosecutor — reported that the recommendation of the caseworker is formally approved, without any changes, somewhere in excess of 95 per cent of the time. Therefore, it can be concluded that the caseworkers play a very substantial role in the processing pathway. In nearly every case their recommended dispositions will become the Court's final order and decision.

The caseworkers perform several functions: 1) they gather vital statistics and information about the case and family, 2) they serve as an informational resource for the family; 3) they evaluate and recommend dispositional alternatives; and 4) they supervise Court-ordered family programs (delinquent probation). The programs they recommend are varied. In delinquency, they may range from "warn and dismiss' to incarceration in the county Youth Home for one month for juvenile offenders between the ages of fifteen and seventeen. In abuse and neglect, the alternatives range from referrals to other agencies or professionals to termination of parental rights to the child (which may be followed by criminal proceedings in Circuit Court against the custodian.)

The requirements of the caseworker role make it apparent that outside influence can play a large part in this decision-making mode. Ideally, the caseworker gathers information from all the major figures in the child's milieu — parents, teachers, relatives, counsel, clinical and diagnostic personnel — in preparing his or her evaluation and recommendation. The caseworker also determines what resources are available and valuable for dispositional planning.

This is probably the stage where outsiders may exert the greatest amount of influence. It is also clear that exit is *not* an available alternative. Exit may be recommended but it may not be effected without a formal court order.

At this stage, all information relating to the offense is relevant — facts, circumstances, motives, and previous offenses — and is evaluated by the caseworkers. Information about the family's life is valuable — parent-child, parent-parent, and child-child relationships are evaluated. The caseworker explores family attitudes to the offense — concerned and penitent versus hostile, unconcerned, and unrepentant. The caseworker attempts to evaluate the stability and "healthfulness" of the home milieu. The child's performance in school is evaluated. In cases where there are suggestions of emotional problems, the caseworker refers the matter for diagnosis to a private psychiatrist or to the Mental Health Clinic.

Case data is collected by interviews with the client and family, consultations with the reports from representatives of other institutions and agencies, and conferences with the client's representative. From all this, the caseworker constructs his or her evaluation of the situation.

In general, it can be said that the more serious the offense or the longer the client's record, the more comprehensive the dispositional recommendation. If, in the caseworker's eyes, the client or family has a less penitent attitude, and the family milieu seems less likely to provide the discipline, supervision and understanding necessary to prevent a recurrence of the offense, the caseworker is even more likely to recommend a more severe disposition.

If the client's offense is relatively minor (e.g., a traffic offense, truancy, an isolated instance of insufficient supervision or over-disciplining, or a minor theft) and it is a first offense, the caseworker will probably recommend that the client be referred to another agency, warned and dismissed, or ordered into a relatively loose probationary program. If the problem seems to be the emotional difficulties attending adolescence, the caseworker might recommend participation in a court supervised encounter group.

As the offense rises in severity toward assault, breaking and entering, more serious abuse or neglect, the caseworker may recommend more stringent probation or a short-term foster placement with visitations to observe home improvements. If the offense is severe or the variance relatively extreme, the caseworker may recommend institutionalization (for one month maximum).

Finally, if the problem seems insoluble, the caseworker may try to persuade an older delinquent to enter the military, arrange an out-county or foreign placement, and or terminate parental rights.

Nearly all the caseworkers expressed the sentiment that the range of dispositional resources was smaller than they felt adequate, and that the resources available were often inadequate. Several of them were therefore engaged in innovative program design. Most caseworkers were quick to point out that their judgments were often inescapably influenced by their personal values and attitudes. The caseworkers who raised this felt it was a problem for them in structuring programs and dispositional recommendations for their clients. They expressed the hope that they would recognize the integrity and value in their client's life styles and attitudes and not try to unilaterally impose their values on their clients. They saw the various dispositional alternatives — warn and dismiss, in-home probationary supervision, therapeutic referrals and placements, and one-month jail sentences — as graded alternatives for increasingly severe and frequent kinds of variances.

They viewed their duties as divided between policing client dispositions and developing a confidential "helping" relationship with the client, whether they viewed the client as the child, the legal custodian, or the family. All of the caseworkers felt that the least possible contact with the court system was the best. This feeling appeared motivated by a desire to minimize the amount of stigma that could attach to the family during transactions with the Court.

Agency Personnel in Adjudication and Waiver Proceedings

If the client has plead guilty at the uncontested adjudication, the matter is set for disposition. If the client has plead not guilty, the matter is set for a contested adjudication. Adjudication is, or can be, a full-blown trial, replete with Judge, jury, attorneys, witnesses, evidence, impassioned pleas to the jury, etc. The client may waive any or all of these rights, but only if the waiver is found to be knowing and intelligent — the client understands what a waiver is, what he or she is waiving, and what the consequences of waiver may be.

The Prosecutor. Agency personnel make two very important kinds of decisions in this setting. The prosecutor must choose his trial tactics. He must decide what evidence and which witnesses will best persuade the fact-finder — Judge, Referee, or jury — of the truthfulness of the petition's allegations. Fact-finding agency personnel — Judge, Referee, or jury — must decide which witnesses are credible, what evidence is relevant and accurate, and, ultimately, whose theory of the facts is correct: is the client guilty or not guilty? This is not the place for an extended discourse on trial facts. It should suffice to say that the best witness can be the person who knows the least of the facts; that cases are won and lost by the rawest of gamesmanship. There is great leeway in the adversarial adjudicatory process for error and for choice. Most of the decisions belong to the client and his representatives but the ultimate decision rests with the fact-finder is structured by others but the decision is tempered by the training, background and personal philosophy of the fact-finder. The objective for the fact-presenters is to structure the presentation in a manner best designed to persuade the fact-finder.

The Judge. The Judge finds the facts and rules on the admissibility of testimony and evidence in contested adjudications. A jury trial may be requested by the defendant. In that case, the jury finds the facts. In finding the facts, the Judge relies on the same indicators discussed above with regard to the Referee — credibility, consistency, and corroborative evidence. In ruling whether certain testimony is admissible or inadmissible he is inclined to rule out irrelevant evidence and testimony, testimony by a witness as to matters of which the witness has no personal and direct knowledge, overly repetitious evidence or testimony, and or "unduly prejudicial" evidence. The last-named is certainly the most difficult to define. Unduly prejudicial evidence might be best described as relevant evidence that might unfairly divert the attention of the jury from other evidence. A good example (though not perhaps the best in juvenile cases) would be a photograph of the brutally beaten body of a murder victim. Descriptive testimony about the corpse would be just as informative but somewhat less shocking than the photo. The photo would therefore be ruled out because it might aggravate a jury's tendency to want to convict *someone* (anyone) for the brutal crime.

When petitioned to find abuse or neglect, the Judge, like the Prosecutor, must be satisfied that there is an abusive or neglectful pattern to the parent's behavior before he will order the child permanently or temporarily removed from the home. However, his standard for a "pattern" is flexible. In abuse cases, he is somewhat less hesitant to find a pattern because of the danger abuse presents to a child. He fears returning a child to an abusive parent and allowing the parent another opportunity to seriously injure, maim, or kill the child. The severity of the injuries and the age of the child also influence the probability of an abuse finding. The more severe the injuries and or the younger the child, the more likely the Judge will find abuse.

At trial, exit from the system is an alternative, and there is ample room for outsider influence. The simplest case is where the fact-finder is a jury. Composed of non-agency personnel, it decides in its verdict whether or not the agency may continue to participate in the case. If the jury returns a verdict of non-guilty of all charges, the client will be released from agency jurisdiction (assuming a motion to set aside the jury's verdict is not successful). Outsiders can exert influence as witnesses and client counsel.

In the alternative, an authorized petition may be placed on the "waiver docket" the schedule of hearings for cases where the child is over fifteen and the crime would be a felony if an adult had committed it. There is a preliminary hearing, conducted in the same manner as the other uncontested adjudication, except that additional and special notice is given to the client that waiver is a possible outcome of the hearing. As on the formal docket, the client family is informed of its rights. During the hearing, many aspects of the youth's situation are examined.

A hearing is then held at which the child, immediate family, counsel for the parties and a fact-finder are present. The hearing is recorded. At issue are two matters, both relatively easily provable: 1) is the child fifteen or over; 2) was the child's act in the nature of a felony[4], that is, if an adult had done the same thing, could he or she be charged with a felony? Reference is had to the child's birth certificate and there is an inquiry into the factual substance of the petition's allegations.

In a waiver hearing, it is not necessary for the prosecutor to unequivocally establish the two facts necessary to waiver. The prosecutor need only show "probable cause" that the fundamental facts are true. Probably cause is a term that has been argued almost to the molecular level in an ongoing attempt to define it. Probable cause in a given case turns on the case's particular facts. Generally, it is held to mean that the evidence and witnesses used to establish probable cause must be reasonably believable and "more" believable than the testimony and evidence introduced to refute probable cause. It is an elastic standard. Ideally, probable cause does not turn on the relative amounts of evidence presented by the opposing sides but, rather, on the comparative credibility of the opposed witnesses, their testimony, and evidence.

In this proceeding, the child's attorney has unlimited access to the Court's social file on the child. This is not the case in a regular proceeding. Also, the judge must specify in his decision the grounds for waiving the child over to Circuit Court.

The decision made here rests primarily in the Judge's hands. He must decide 1) "whether or not the age of the child and the nature of the offense are sufficiently established" and 2) whether the age of the juvenile and the seriousness of the offense persuade him that waiver is the correct solution.

He is not permitted to go "beyond the record" in making his decision. Under the law, it must be entirely based on the testimony and evidence presented to him in the formal hearing setting. Although the decision is ultimately his, there is a great deal of room for outside influence: attorneys, family, lay and expert witnesses all may attempt to influence him by their demeanor, presentation and beliefs.

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[4] A felony can be loosely defined as the most serious category of criminal offenses. In [illegible], a felony is an offense that carries a minimum sentence of one year.

Exit from this legal-correctional pathway is an available disposition alternative at this point. If the Juvenile Judge authorizes waiver, the case is referred to the Circuit Court. Although *all* legal processing does not terminate at this point, processing within the juvenile legal system is at an end.

In the alternative case, if the judge refuses to waive jurisdiction, the matter goes on the Juvenile Court docket for formal proceedings from preliminary hearing (potentially) through disposition.

Agency Personnel at Disposition

The disposition hearing is formal and recorded. The parties and counsel are present. At this hearing the parties present evidence and arguments on behalf of the dispositions they respectively seek: dismissal, placement, probation, referral, etc. The Judge hears the evidence and testimony, and rules out only that which is irrelevant or immaterial. The caseworker's investigation, report, and recommendation are introduced into evidence at this point. At the disposition hearing, the only decisions made by agency personnel are what evidence and testimony to provide (caseworker) or introduce (Prosecutor) and what evidence and testimony to exclude (Judge). At the close of the hearing, the Judge retires to decide the case.

The disposition decision the Judge makes is officially his own. Unofficially, it is usually the caseworker's recommendations. Officially, there is to be *no* influence, intra- or out-agency, on his decision. Unofficially, he might discuss the matter with court personnel.

The Judge readily admits that in "95 to 97 per cent" of the cases before him, he will adopt the caseworker's recommendation verbatim. The "three to five per cent" where he differs represents a small and fairly well-defined area.

He tends to be stricter on curfew orders than caseworker recommendations. He feels it is important to maximize opportunities for and periods of custodial supervision. He also feels that there is "no reason" why a child should be allowed late hours unless he or she is attending some scheduled regular activity. He is also inclined to close a case where he feels the caseworker is not providing a program for the child or family.

During the Judge's work, the client and/or client representative is present during fact finding. Officially, no one may influence the Judge or be present during his deliberations. Unofficially, he may discuss cases with workers before or after the dispositional recommendation is made.

There is then held a second dispositional hearing, which is essentially the sentencing hearing. The Judge makes his decision public at this point. He may warn the parties and dismiss the case, order probation in or out of the home, private or public institutionalization, and/or (in abuse and neglect cases) terminate parental rights.

Unless probation or some provisional or temporary placement is ordered, the client exits from the system at this point. If probation is ordered, the decision-making process may be extended until the ordered term of probation ends or the caseworker decides that the full term of probation is no longer necessary and recommends case closure, which the Judge will probably accept and order. If placement is ordered, the court's jurisdiction does not terminate until the final placement specified in the order is irrevocably established. If the defendant requests a rehearing on any matter, disposition can be suspended by the Judge until the disposition has been affirmed, modified, or reversed by the Juvenile Court on rehearing. If the defendant appeals to Circuit Court, there will probably not be a stay in disposition unless the Circuit Court specifically orders a stay. If the appeal is denied, the disposition is final, unless the defendant pursues the appeal in one of the state Courts of Appeal. Again, the disposition will continue in effect unless so ordered. This practice on continuing the disposition, unless otherwise ordered, may continue all the way through the state and U. S. Supreme Courts.

A note should be added about the difference between delinquency proceedings on the one hand and abuse and neglect proceedings on the other. There are two major differences.

In a delinquency proceeding, the defendant is the child. It is he or she whose conduct will be sanctioned and stigmatized. The child may be punished criminally. This is a criminal proceeding. Whatever punitive effect the process has on the child's legal custodian can come only by vicariously adopting the stigma and through the potential for diminution in unqualified custodial control of the child that probation, non-home placement or institutionalization may produce.

Moreover, in a delinquency proceeding, the prosecution must prove its case "beyond a reasonable doubt." Among other things, this means that the prosecution must present a case that is far more persuasive than the defense's case. The case law regarding "proof beyond a reasonable doubt" has been construed to mean that the prosecution must not only present its case but as part of that case, rebut all reasonable alternative theories of innocence.

In an abuse and/or neglect proceeding, the defendant is the abusive and/or neglectful legal custodian. The respective roles of custodian and child as to sanction and stigma are reversed, with one important exception: the custodian defendants may not be criminally punished in this proceeding. Their rights to the child may be terminated but a criminal prosectuion to impose fines and/or imprisonment may be pursued only through the Circuit Court in a separate proceeding. The level of proof required to find abuse or neglect is different. The prosecution need only prove his case by a "preponderance" of the evidence, which is much lower and less rigorous standard than proof beyond a reasonable doubt. The reasoning behind a lower standard of proof is that an abuse or neglect proceeding cannot fine and/or imprison the defendants. The range of sanctions available is construed to be less severe than in a criminal proceeding. The liberty of the custodian is not at stake and, therefore, the court is not automatically required to proceed with all criminal trial safeguards intact.

Ancillary Services of the Court

The foster-care supervisor. The foster-care worker is the court contact for abuse and neglect matters that develop after court business hours. The allegedly abused or neglected child will be turned over to her by the police and she will make arrangements for a placement. Failing that, she or another court worker will provide a temporary placement for the child overnight.

The child or the child's representative is very often present during the foster-care worker's decision making. Perhaps the most important decision the foster-care worker makes is whether or not to return an arguably abused child to his home pending a police investigation of the suspected abuse. In making this determination, outside of court hours, the foster-care worker looks to several factors: severity of abuse; frequency of abuse; availability of alternative placements; time interval until next court day.

If this is the first instance of possible abuse, the possible abuse is extremely slight, and the next court working day is only a few hours off, then the probability of return to the family is greatest. The more severe the suspected abuse, the presence of a history of abuse in the family, and/or the fact that court business hours are a day or more away will lead her to seek an alternative placement out of fear for the child's safety.

The availability of short-term placement is not a problem for any age group. The foster care worker is usually able to find a short-term placement with the child's relatives or an overnight foster placement. At the very least, she is able to take the child into her custody. Of these alternatives, relative placement is her preferred choice.

Longer foster placements for older children are a problem because they are in short supply. This has some impact on her decision-making, resulting in a compromise of her own objectives as a foster-care worker.

Generally speaking, when requested to foster place a child in a foster home, she tries to match the child's life style, expectations and abilities with a family of similar characteristics. With younger children she feels able to arrange very satisfactory placements. With older children, limitations on available resources tend to heavily influence her choice.

The Adoption Coordinator. Like the Department of Social Services, the Court has an adoption services arm. The Adoption Coordinator of the Court is responsible for arranging all "family-related" adoptions for families residing in the county.

Family-related adoptions are those adoptions where one legal parent of the child seeks to have another person made the other legal parent of the child. For example, the natural mother of a child may wish to have her ex-husband the legal father of the child replaced by her second husband.

The key step in this process is arranging the consent of the parent who is to lose his her rights with regard to the child or children.

The Court first advises the parent to arrange the appointment by Probate Court of a guardian who will consent to the adoption of the child if the other legal parent cannot be contacted. When the petition for a guardian is granted, the Court attempts to contact the other parent by publishing a notice of prospective adoption in the Noah newspaper for several weeks.

If the parent can be contacted and consents, the adoption will go forward. The parent's consent must be given under oath before a judge in the county or country where the parent resides. If the parent refuses to consent, the adoption may not go forward, unless it is found that the other parent had failed for one year or more to support the child according to the terms of the divorce decree.

If the parent cannot be contacted, the guardian will give consent for the absent parent and the adoption process will go forward. The mother will then give her consent and the child, if over ten years of age must give his or her consent.

When consent of all necessary persons has been obtained, the Prosecutor and Friend of the Court where the divorce was granted will be notified of the proceedings. The Adoption Coordinator will then conduct a home investigation of the sort conducted by DSS, and will file a report with the Judge recommending adoption and immediate confirmation, or adoption with a year's probation (where the family requires counseling or assistance from other agencies in improving the family's material or psychological circumstances).

The Court will then order the recommended adoption format. The Prosecutor and Friend of the Court in the county where the divorce was granted will be notified of the order granting adoption and terminating prior parental rights. The mother will also be required to sign a waiver of any and all support due under the divorce.

Where the child has been made a ward of the state and committed to the Children's Institute, CI becomes the legal parent and must consent to any adoption.

The Adoption Coordinator reported that most adoptions handled are children between the ages of six months and five years. She also reported that of the approximately 600 adoptions she has handled for the Court (over a period spanning some five years service), she has never had a second adoption petition for the same child.

The Youth Home: A Parallel Track

The Noah County Youth Home has one official purpose: detention. It is intended to serve as an institution where children may be residentially held pending disposition of legal proceedings involving them. It is not used as a dispositional placement, that is, a juvenile cannot be sentenced to serve 90 days in the Youth Home. As discussed above, it may be used as a temporary placement pending transfer to an institution, agency or other setting.

The first detention-related decision made by agency personnel or other persons regarding detention is, of course, whether or not to seek detention (Figure 3). This decision may be made by the police or a private person who is the child's legal custodian. Police agency personnel "may without the order of the court take into custody any child who is found violating any law or ordinance or whose surroundings are such as to endanger his (or her) health, morals, or welfare."[5] The child's custodian is notified immediately (or as soon as he or she can be contacted) that the child has been taken into custody. While awaiting the custodian's arrival, the officer may have the child held in the Youth Home. Detention is sought in this situation when contacting or the arrival of the custodian is delayed for a period of time in excess of a couple of hours.

Finally, the child's custodian may bring the child to the Home for detention. This is an infrequent occurrence.

The next major decision point is whether the Judge, Shift Superintendent, or Assistant Shift Superintendent will accept a child for detention.

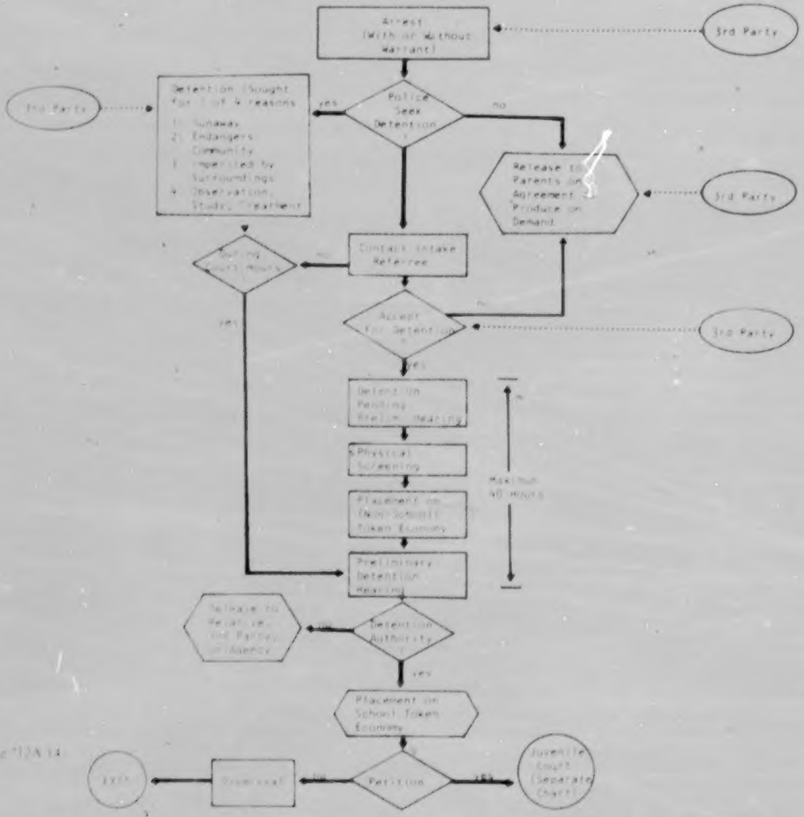

Figure 3. Juvenile Court: Client Processing Pathway (Home).

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[5] Probate Code 712A.14

The Code has divided the detention process into two time frames — during court hours and outside of court hours. During court hours, the decision to detain pending further proceedings (or to release to the custodian if he or she agrees to produce the child at further proceedings) is made by the Judge in a preliminary detention hearing. Outside court hours, the decision to detain or release to the child's custodian is made by an official authorized by the Court. In Noah County, the officials who make the detention decision are the Shift Superintendent or Assistant Shift Superintendent.

Where the Court has accepted a complaint or petition in a juvenile matter, it may issue a TDO — a temporary detention order. The court may issue a TDO where a child is alleged:

1. to be a runaway;
2. to have committed a serious offense which endangers the community;
3. to be imperiled by his or her home environment; and/or
4. to need observation, study, or treatment by qualified experts.

If there is a TDO "out" on a child brought to the Home for detention, the Home must accept and detain the child for 48 hours, pending a preliminary hearing on the need for further detention.

There may or may not be further proceedings outlined above under the court pathway for some children who are technically eligible for detention but are not accepted for detention. This may be due to a variety of factors: the child is too young (as in abuse or neglect cases, where the child may be an infant); the Youth Home is full; the decision-maker, for any reason, decides that the matter is not mete for detention. In this case, if for any reason it appears to the decision-maker that sending the child home or to relatives is *not* the best alternative to detention, an attempt will be made to place the child in short-term foster care (until the parents can be located and contacted or until a more permanent placement can be arranged). At this point, the matter will be turned over to the court foster-care worker who will attempt to arrange an overnight or longer short-term foster placement, pending further proceedings.

The intake decision is a true decision, made by the Intake Referees during non-court hours. Generally, the Referees will accept a child if he or she fits within any of the four TDO rationales listed above, or under a court detention order for any of the above reasons.

The Referees are loathe to admit children who are very young, seriously injured, or drugged to the point where detoxification is in order. In these cases, the Referee may contact the foster care worker to arrange a placement or request that the child be taken to the hospital for treatment and/or detoxification. They will also try to counsel the parents and the child if the parents have brought the child to the Home for punitive detention. The Referees prefer to refuse detention in all marginal or trivial cases because of its potentially traumatic impact on the child. The child is usually present at the intake point.

If the detention request is granted by an Intake Referee, the matter will be put on the calendar for the following court day for a preliminary hearing. At the preliminary hearing, the Judge will find the facts and authorize the filing of a petition and any further detention that may be necessary.

If the detention request is made to the court during business hours, then the same procedure will be followed, except that the Intake Referee stage will be bypassed and preliminary detention may be ordered. If detention is denied outright, the child may be released to his parents or another agency."

Once detained, the child will be given a physical and a change of clothes. While the child is temporarily detained pending a court decision to release or order continued detention pending further proceedings, the child will be placed on the non-school track of the Home's token economy, and he or she can participate in all Home activities except school.

The next decision made is again the court's. The Judge must decide whether to detain or release the child to the parents on their agreement to produce the child for any further proceedings. The judge must decide whether detention is necessary in each particular case or whether release to a private person will suffice to insure the child's availability and well-being until the next court date for the case (uncontested adjudication or preliminary inquiry). This decision point is subject to outside influence in the sense that advocates argue the merits of the alternatives. The Judge may also decide that the matter has gone far enough and dismiss the case. Therefore, exit is available at this point.

If the Judge decides to detain the child he or she is then admitted to the Home. The child then takes a battery of admittance tests primarily used to establish the educational level at which the child will be instructed while in the Home. The child is then placed in the School Token Economy. The difference between the School and non-School economies is simply that the former permits the acquisition of points for school conduct and performance, whereas the latter does not. The child now participates in the full Home activity schedule — school, cleanup, meals, recreational activities. The token points accrued by the child can be used to purchase games and candy or to obtain outside or special recreational privileges.

The child remains in the Home until release is ordered by the Judge. Release time averages fourteen to eighteen days after detention begins.

Decisions made in the Home take both the informational and true forms. Home personnel are in continuous communication with the child's caseworker, providing information to the caseworkers as to the child's conduct and performance in the Home, and the quality of family interactions during visits. On occasion they recommend that the caseworker visit the child more often or permit more or less outside visits or revise the program to allow for earlier or later release. These communications do not control continuing dispositional programs but certainly affect the form and content of the program.

Internally, Home personnel (primarily teachers, child care workers, and shift and assistant shift superintendents) decide how to discipline and plan the child's individual and group activities. These decisions are largely in the sole control of Home personnel: whether to increase one-to-one instruction, or permit the child to work on his/her own more often, what level of discipline to invoke — isolation, essay-writing, extra cleanup, or one-to-one discussions.

The Home's role is primarily a temporary maintenance role. All personnel stress that the punitive aspect of detention is at all times minimized.

The decision to discipline or not to discipline is also a true decision. In general, any formal discipline must be authorized by the shift superintendent or the assistant superintendent. Discipline ranges from simple counseling with the Home personnel or caseworker to writing assignments, extra cleanup work, loss of privileges, or confinement to quarters for up to three hours. Disciplines are reviewed by the Program Coordinator and in serious cases routed for review to the Director of the Home.

The staff regards the disciplines as graded in severity but may impose combinations if they feel the situation merits it. In large part, disciplines are imposed according to the severity of the manifested variance and the frequency of recurrence.

In order to determine the discipline warranted, the superintendents try to determine what the facts of variance were, the relationship of the child to the worker who wants to impose the discipline (is there a history of trouble between the child and worker?), the child's attitude to the reported variance, and how the child has responded to past disciplines, if any.

The decision to terminate home visiting privileges is usually made after the first home visit, which is automatically allowed if the child has accumulated sufficient points and the caseworker feels a home visit is warranted and wise.

If the child returns early, distraught, despondent, injured, drugged, or fails to return, the Home personnel is very likely to recommend that home visits be discontinued until the home situation becomes less upsetting or the child can be safely assumed responsible to return. This is not a true decision, as the final decision belongs to the caseworker. The child is rarely present when the recommendation is decided or actually made.

Finally, the shift superintendent, the Program Coordinator, and the Director all participate in preparing a recommendation to release. Generally, the staff tries to determine whether the child is deriving any further benefits from detention or has reached a kind of plateau in his or her Home performance. If the child is starting to deteriorate behaviorally from extended detention, is in danger of falling substantially behind in school, and/or is not receiving any real treatment planning or program from the caseworker, they will recommend release to the family or other responsible person. The general orientation of the staff is to make detention as meaningful and as brief as is possible under the circumstances.

The Police

A child may come in contact with the State or City Police in one of three ways: 1) "accidental contact" — pick-up by patrolling officers for curfew violation, observed suspicious activities, or while caught in the act of criminal conduct; 2) investigation and/or arrest on a complaint made to the police; and 3) referral by the court for investigation.

A child's first police contact is not invariably with Juvenile Officers. As often as not, first contact is with a regular officer who makes a report of the matter which is then routed to the Juvenile Bureau for further action.

Police decisions can generally be summed up as whether to investigate, arrest, seek detention, or file a petition.

Generally, the decision to investigate is made on the facts observed on patrol or reported to them by a complainant. Because of recent constitutional decisions in the area of police procedure, they are liable to investigate a report of Code offenses only where the information is reasonably concrete and very suggestive of criminal, abusive or neglectful conduct. However, on patrol, they will invariably respond to a distress call and/or investigate any unusual and suspicious behavior that they observe.

This decision is either made at the scene by the observing officer or at headquarters by the officer on duty whose role is to dispatch officers on "runs." In this first instance, the observing or contacted officer chooses whether or not the system will act at all, based on whether or not the participants and events appear to be covered by the Code. If the officer chooses not to intervene (or not to order intervention), the matter is at an end. The client does not enter the system at that time. There is no real outside influence on this decision. The observing or contacted officer evaluates the incident and decides whether or not to proceed.

If the observing or contacted officer does decide to intervene, the next step will be to investigate. This is purely an information-gathering process. The participants will be questioned, and the scene examined, and the home may be examined and photographed, as to the nature of the questionable acts and so that a more accurate assessment can be made of applicability of the Juvenile Code.

This investigation may lead the investigators to conclude that no further action is warranted. At this point, the wishes of the participants and their own interpretation of the events can have some influence upon the police's decision. If the investigating officers decide not to proceed, the matter ends and the "clients" (to the very limited extent that they are clients) exit from the system.

In a delinquency investigation, they try to determine whether the conduct is, or is probably, a violation of the Code as defined above. If it is, they will arrest. If not, they may warn the participants to be more careful or merely terminate the investigation.

In abuse matters, they will look for evidence of injuries to the child, and listen to what the child (if old enough) and suspected abusers say about the injuries. If the injuries are serious and/or the explanations ambiguous or evasive, they will remove the child to the station or court until placement can be arranged.

In neglect matters, the police will investigate the home situation and attempt to determine the presence or absence of adequate food, shelter, clothing, medical necessities, and sufficient caring for the child to indicate that a loving and affectionate relationship exists. As to the last, they base their conclusion on the presence or absence of supervision and affectionate conduct or remarks by the family. If any or all of the above are missing, they will remove the child and request that the court arrange an alternative placement.

The police must then decide whether or not to arrest or apprehend persons participating in the suspected behavior. Arrests are made where an investigation corroborates the possibility of variant behavior or the participants cannot account satisfactorily for their behavior.

If the police decide to arrest in a delinquency matter, the next decision is whether to release the child to the parents, with suggestions and warnings, and drop the matter; to release to the parents pending further proceedings; or to seek detention. In this decision, the city police tend to be somewhat disinclined to choose the first alternative. Before they arrest, they will satisfy themselves that there is or is not a Code violation. If they arrest, they will release to parents or detain pending further proceeding and petition. The state police are more willing to informally adjust the matter where they feel the child is penitent and that the parents will act decisively to prevent recurrences of the variance.

Once the child is arrested or removed, the police must decide whether to seek detention immediately or another alternative placement rather than return the child to the parents or drop all further proceedings and return the child to the home. If detention or alternative non-family placement is sought immediately, the parent or other legal custodian is notified of that when he or she is finally contacted.

If the police decide to defer decision, placement, or further proceedings until the parents can be seen and the matter discussed with them, the child is held at the station or post until the custodian arrives. The question of placement and further processing is discussed by police, custodian, and child and the juvenile officer then decides which route to follow.

At that time, the police decide whether or not the matter can be most effectively handled by the family without further legal proceedings. If they decide the family can handle it, a decision made upon consultation with the family, the case is closed and the client exits from the system. If the juvenile officer decides that the matter must be formally pursued, the parents are informed that a petition will be filed. The officer then must decide whether to place the child in the Home, with relatives, or with a foster family, or to release him or her to the family.

The decision to seek detention is based on whether the child has demonstrated any of the four major kinds of variance listed above or the unwillingness of the child to return to the home or the parents to accept the child. If the officer decides to place the child and it is during court hours, the child is brought to the court where a detention hearing is held or the foster care worker is assigned to place the child. If detention or foster placement is authorized by the court, as discussed above, the child is so placed until the Judge or other court orders the detention or placement ended. The denial of any one placement alternative does not necessarily preclude others. Alternatively, the court may deny detention and dismiss the whole matter, and the client exits from the system.

If the matter develops outside court business hours, the police take the allegedly delinquent child to the Home for a 48 hour detention hearing held by an Intake Referee. In an abuse or neglect matter, they contact the foster care worker for a placement. Termination and exit is unlikely in this situation because no formal decision has been made by the Judge of the Court. Outside influence may play a role in these decisions.

Finally, the decision to petition is based on the police conclusion that their investigation has satisfied them that: 1) a violation does exist, and 2) informal solutions will not resolve the situation.

In matters where the police are officially involved, and have decided to proceed, and the court has not barred such proceeding, the juvenile officer will usually become the official petitioner to the court. The officer will prepare the petition and usually testify on behalf of all prosecution witnesses at the uncontested adjudication hearing. At a contested adjudication, the juvenile officer may only testify as to what he or she personally witnessed.

Although there is some variance between the State and City Police, they both generally follow the procedure outlined above. The major difference is that the State Police cover a far larger geographical area than do the City Police. There is also some variance in the significant informal indices stressed by the different police agencies in making their decisions.

III. DISCUSSION

Social scientists, law enforcement personnel, legislators, and taxpayers are engaged in an ongoing battle as to the structure and basic value of a juvenile court system. The real test of a system is whether the client feels benefitted and the purposes of the larger society are served.

Very few people ever ask children for their appraisal of anything. This is a damn shame and pretty typical of the way this society (and most other societies) operate. Even fewer people ever ask variant children for their appraisal of this or any system. Most of us prefer to avoid, stigmatize, or pen them up. Anything we can do to minimize our contact is fine with us.

The people I talked to from the Court, the Home, and the Police Department seemed, by and large, a competent and talented group. Their job interest and general morale seemed pretty high. They were open to my questions and any suggestions I might have. They like their work but were not altogether sure their system and its structure ought to be the only game in town.

I remain disturbed about the effect of such a system. Values collide and the ones backed up by bigger and better clubs are often the ones that prevail. The personnel recognized that their values were not often the values of their clients. They try to be objective and "just" but who knows whether they can succeed? Is variance dealt with most effectively in a system where its chief officer is elected in a general election or is appointed by some blue ribbon panel?

This particular county court has a staff that is not overworked, not faced with enormous racial variance between staff and clients, and is therefore probably not very typical. The Judge is relatively young and vigorous, a pretty adroit politician, and an effective delegator of duties. This is also probably atypical.

The state juvenile legal system provides more legal safeguards than most. I think that is good. However, what happens to all the kids in urban areas who spend months in detention or get shuffled from foster home to home until they are of age? Is a bigger system better or a smaller, more informal one? Is anyone listening out there? The people in this system seem to like kids but does the system which employs them do children more harm than good?

Generally, it can be said that this system has more formal structure than most. It not only is created by law, but, in a larger sense, *is* the law. It makes law, interprets law, and, on occassion, ignores law.

From the above, it can be concluded that, structurally speaking, the system is an extremely comprehensive one. There are quite a few alternatives available at nearly all decision nodes. Four agencies interlock in this system.

The personnel rely primarily for their information on the severity and frequency of variance, the expressed attitude of the client and client family to the variance, the family milieu itself, the graded dispositional alternatives available, and optional diagnostic services.

Generally, the staff recognizes the stigma attached to this delivery system and are determined to minimize wherever possible. As a result, the system load is declining.

There are numerous opportunities for client and child-advocate participation. The system appears fairly receptive to input from outsiders, and is attempting to establish much stronger ties to other in- and out-county agencies.

THE TREATMENT OF DEVIANCE BY THE MENTAL HEALTH SYSTEM: HISTORY

by

Margaret Fraser

I. PRE-REVOLUTIONARY ANTECEDENTS

The emergence of specialized treatment for children suffering from mental disease is a new phenomenon whose development did not really begin until this century. Prior to that time, children labeled insane were likely to be subjected to the same experiences as their adult counterparts, which sometimes meant humane, therapeutic treatment and other times meant repressive custodial care.

The history of the child mental health movement in the United States is clearly related to the history of the development of the society as a whole. The major developments in mental health have been influenced by the dominant ideals and trends of the times. For example, one can readily discern how the Enlightenment, which influenced the leaders of the American and French Revolutions, also affected the theories expressed about the nature and treatment of insanity by Benjamin Rush, the so-called "father of American psychiatry."

While it is possible to trace such historical parallels, another rather disturbing correlation also comes to light. The treatment of the mentally ill seems to be related to changing views about society's obligation to care for its impoverished members. The mentally ill are no longer classified in the same legal category with other helpless poor people, as they were under the Poor Law of 1601, but our public mental institutions are mainly used as facilities to care for the insane poor who cannot afford private treatment or legal counsel to contest involuntary commitment.

The state or the central government has been permitted to exercise substantial power over the person of the mentally ill. In the Anglo-American political system this authority is derived from three distinct sources. The first is the body of law based upon the state's "police powers," which are based on the proposition that the state is the protector of the public peace and must do what is necessary to restore public order when it is disturbed or threatened. In the absence of special legislation, the authority for the involuntary commitment of the mentally ill is based upon such powers. Second, there is the notion of "parens patriae" which sets up the state, formerly the sovereign, as the protector of the proprietary and personal interests of its subjects. The practice of appointing guardians for incompetents derives from this concept. Finally, there is the power traditionally asserted by the state over the insane members of the pauper community.

Children have always been particularly vulnerable to the power of the state, since they have been regarded as dependent members of society, helpless to manage their own affairs. The state's basis for exerting authority over them rests upon the same sources as for controlling the mentally ill. In addition, the interests of children have generally been held to coincide with those of their parents, so the decision of parents about important elements of their children's lives cannot be challenged legally by a child below a certain age. Thus, in thirty-seven jurisdictions, a child labeled mentally ill may be committed "voluntarily" to a mental institution on the application of a parent, guardian or some specified person or agency. These "voluntary" patients cannot obtain their own release except at the behest of the person who committed them, until they reach the age of majority.

This survey seeks to analyze the development of the child mental health system in the United States from three perspectives: 1) Important trends which changed the conception of the causes and treatment of mental illness; 2) Significant figures who charted the directions of this intervention system, and 3) The growth of a network of laws affecting the mentally ill. The earliest history included in this paper examines the English experience, which shaped American policies toward treatment of the mentally ill. This experience concerned a much larger group of people, the poor, than the specific target population of this paper, deviant children. The history of the mental health system as a whole is scrutinized because, in the nineteenth century insane children were channeled into several different component systems. These included insane asylums, houses and workhouses. Before the child guidance movement came into being, little attempt was made to provide individualized treatment for mentally disturbed children. Until that time, the mental health movement had very little to offer them in terms of specialized treatment fitted to their needs, rather, the exigencies of society were considered more important.

The English Poor and Settlement Laws

The English Poor Law developed in response to the economic and social disruptions following the Middle Ages and the Reformation. The crown imposed financial responsibility for care of the poor, including the insane, upon local units, the parishes. This same legislative scheme provided a model for poor laws which developed in the American colonies and, subsequent to the American Revolution, in the States. In addition to providing for the needs of the poor, the laws designated the categories of eligible paupers and controlled their movement through settlement provisions. Such laws clearly were not drafted solely from benevolent motives; provision was made only for support of resident paupers, to discourage vagabondage and to provide an equitable method for spreading the cost of such support among parishes.

Under Saxon rule, every peasant was required to live in his own house or in the house of someone who had responsibility for him. There was no need for a Poor Law during the Middle Ages, since it was accepted that the nobles had an obligation to care for the poor. The break-up of the feudal system led to a shift of responsibility for the support of the indigent from the nobility to the Church. The parish became the local authority designated to attend to the needs of the poor and sick.

It was the belief of medieval man that insanity was caused by demonic possession, and such belief continued with some force until the Enlightenment. Thus, the appropriate treatment was exorcism, to be obtained from a priest rather than a physician. A few monasteries provided care for lunatics, though generally incarceration was only imposed upon the violent insane, who were treated like criminals and thrown into prison (Deutsch, 1949). Harmless lunatics received much the same treatment from society as did paupers.

Until 1388, the resident poor were lumped together as a class, including the insane, dependent widows and children, the handicapped, as well as those able to work. The Act of 1388 (12th Richard II), considered to be the origin of the English Poor Law, was drafted to prevent vagabondage, and provided, in part, that ". . . beggars impotent to serve shall abide in cities and towns where they be dwelling at the time of the proclamation of this statute . . . ." For the first time, the English government had made some distinctions among its indigent citizens by separating ". . . those impotent to serve . . ." from ". . . those able to serve on labor." At that time, however, no specific provision was included covering the maintenance of the former (Clarke, 1937, p. 10). Such details were to be handled by subsequent legislation.

The Church's capacity for sustaining the material needs of the poor was severely weakened during the Reformation, and with the dissolution of the monasteries which followed. The development of an internment without treatment program for the violent mentally ill, in separate quarters from criminals, was instituted utilizing abandoned monasteries and leprosaria.

The institutionalization of such people came at a time when the number of poor people unable to care for themselves was increasing. The economic dislocations in society, brought on by the enclosure movement, and an inflationary trend created by the influx of wealth from New World sources were both causes of this increase. In 1536, during the reign of Henry VIII, a law was promulgated making paupers a charge on the local cities, towns and parishes (Kittrie, 1971).

The Poor Law Act of 1601 (43rd Elizabeth c. 2), together with the Law of Settlement of 1662 (13th and 14th Charles II c. 12), formulated the policies which surrounded poor relief in seventeenth and eighteenth century England and the colonies. The old Poor Law provided, in part, for the nomination of overseers in each parish whose task was the taxation of the residents at a rate designed to provide for the needy, including those who were lame, blind, and old, and others who were poor and unable to work.

The Settlement Law was a repressive measure meant to prevent the migration of the poor to different jurisdictions for the purpose of resettlement. It was passed after lobbying by Londoners, who feared a flood of poor people into the city and were reluctant to support them. The law provided that an indigent coming to a parish to settle, could be removed within forty days and sent to a parish where he had been settled for at least forty days.

The Colonial Experience

The early settlements in the colonies lacked the requisite community stability and close gathering of population in large groups necessary to develop a permanent welfare system. Local responsibility for the mentally ill and poor members was based on social expediency and economic motives, and the provisions made for their sustenance were based on the English Poor Laws (Deutsch, 1949). Care of the insane was divided into private and public categories, so that people with money were cared for in their homes, and the eligible indigent insane were classified for placement based on behavior. The violent insane were treated like criminals, and when a community had no jail, a special building would be constructed to incarcerate them. Before the spread of asylums, the restraint of the mentally ill was perceived as a function of the police power (not to facilitate treatment); the incarceration of the dangerous mentally ill was generally limited to the duration of violent behavior (Kittrie, 1971, p. 63). The insane poor who did not constitute a danger to the community were provided for under the Poor Laws, because emphasis was on the label "poor" rather than "mentally ill."

As in England, poor relief in the colonies was a local system developed by a community to care for its dependent members, not for needy outsiders (Rothman, 1971). Settlement laws were promulgated early in colonial legislation regarding the poor, and bore such titles as "For the Preventing of Poor Persons" and "For the Preventing of Vagabonds." The earliest colonial settlement law was passed in Massachusetts in 1639. The custom of "warning out" strangers to a settlement is reported in early history, "Indian stragglers and crazy persons were in the early days often driven from the town (Deutsch, 1949, p. 45)." Another method by which a community got rid of the dependent insane was by transporting its undesirables to a distant town at night.

The colonial view of mental illness in the seventeenth century was influenced by the attitude of the clergy, rather than by that of the medical profession. In the seventeenth century, medical practice in the colonies was poor, and doctors were rare since most colonists had little money to pay for medical treatment. Mental illness, if regarded as a medical problem, was diagnosed as an excess of bile, and bleeding or purgatives were prescribed. The prevailing view, though, was a theological one. This is not surprising, given the importance of religion, particularly the Protestant church, in the American colonies (Rothman, 1971). The plight of the poor was believed to be a consequence of the natural order, and their relief was seen as necessary and appropriate. The clergy preached about the function of the stewards, the successful members of society, to assist the poor through good works. Colonial society was hierarchical, and the Puritan ethic helped to buttress the system. The doctrines preached also acted to eliminate community fear and mistrust about its less fortunate members, who were thought to be impotent and safe, a necessary part of the social order. On the one hand, this view resulted in benevolent treatment of the mentally ill, but it also reinforced the theory held by the public that insanity was incurable. The belief in demonic possession accompanied the colonists in their migration to the New World. While few mentally ill persons were probably accused of witchcraft, the insane bore the brunt of the witch trial hysteria which climaxed at Salem, Massachusetts in 1692, since they were hardly in a position to defend themselves (Deutsch, 1949, p. 31).

The colonists typically supported the poor, including the harmless insane, in community households. There was no reason for a policy of exclusion, until the growth and concentration of population in towns during the latter part of the eighteenth century. The construction of almshouses and workhouses was feasible, given the public perception that the insane, although incurable, did not constitute a menace to society. Wherever possible, the dependents were kept with their families at public expense, or where there were special circumstances which precluded such action, they were boarded in a neighboring household (Rothman, 1971). In rural areas, the practice of bidding the poor on the auction block arose. The mentally ill were popular workers because of the notion that they were strong, yet manageable (Deutsch, 1949, p. 53). The almshouses which were built in the eighteenth century were patterned after a family residence, and were used as a last resort to house the uncontrollably insane who threatened those around them. The preference through most of the colonial period was for keeping the mentally ill in the community.

Ironically enough, the move toward institutionalization of the insane was a product of the same forces for progressive change which derived from "Enlightenment" thought, which profoundly influenced the social and political revolutions in America (1776) and France (1789). The rational humanists shared the idea of Thomas Paine that "All that was necessary was to subject social evils to a reasoning out process and the world would be rid of them (Deutsch, 1949, p. 57.)" In the care of the insane, progress was achieved through individual, isolated experiments.

The Quakers were responsible for much of the early reform in America and founded its first general hospital, the Pennsylvania Hospital, which opened in 1756. The mentally ill were admitted and housed in the cellar until a new wing was built in 1796. While a few colonial physicians, especially Dr. Thomas Kitteredge of Andover, Massachusetts, had gained reputations for treatment of the mentally ill, this was the first public institution in America which purporated to admit the insane for treatment, rather than merely for security. The mentally ill received medical treatment, which consisted of bleeding and purging, as well as occupational therapy which the Quakers felt was beneficial to build character and health. The work performed also helped pay for their keep (Deutsch, 1949).

The Eastern State Hospital in Williamsburg, Virginia was the first hospital exclusively for the insane. At the time of its opening, in 1769, the hospital was intended to house only those mentally ill whose families did not take responsibility for their care. Though its primary purpose was the safety of the community, the mildly insane were also perceived as being curable (Dain, 1971).

While a few enlightened thinkers were beginning to espouse the view that insanity was curable, the public and most medical practitioners clung to traditional pessimistic beliefs about the prognosis for cure. As in any history of the growth of an institutional network, the lag between the theories of the leaders of a movement and public opinion must be kept in mind.

Rational Reform

Prior to the late eighteenth century few colonists had considered the etiology of insanity, since it was a widely held belief that mental illness, like other social ills, was God's will. The public regarded the mentally ill with sympathy since their affliction resulted in permanent dependence on the community or relatives. The ideology of the Enlightenment prompted a small number of physicians and lay people to consider the possibility that insanity originated from biological or social causes, and could be cured, given proper treatment (Rothman, 1971).

William Tuke, Philippe Pinel, and Benjamin Rush shared the belief that kind and gentle treatment could help cure mental illness. These men laid out the tenets of moral treatment which became the treatment of choice in Jacksonian America.

Philippe Pinel, A French physician and mathematician, transformed the care of the mentally ill in France following the French Revolution. He had supported the ideals of the Revolution, upholding the rights of man, and received an appointment in 1793 to be in charge of the insane of Bicetre, a custodial institution for men, because of his friendship with the newly appointed administration of Paris hospitals. Bicetre was a notorious institution where the mentally ill were chained to the wall, received constant abuse from the attendants, and were provided the most minimal sustenance.

Pinel advocated "the use of humane treatment and common sense in treatment of the mentally ill. He instituted improvements in the patients' environment in the form of clean cells and better diet, reduced medication and blood-letting, abolished chains and other restraints (except for strait-jacketing the most violent patients), and ordered that any attendant guilty of brutality toward patients be punished. In a short time, the death rate had dropped to one-third the previous rate. Pinel was more closely supervised by the government than were Rush or Tuke; he had to request permission to abolish chains and other restraints and take responsibility for the consequences. In addition to humane care, Pinel implemented work therapy and reading therapy as modes of treatment. His *Treatise on Insanity* described his work at Bicetre and contained some of the most detailed case histories ever written. As a mathematician, he developed new forms of statistics concerning mental disease. After performing autopsies on deceased mental patients he found that most brains of the insane were no different from those of normal persons, a finding which tended to refute the prevailing theory that brain lesions were the source of insanity. His formulation of "moral therapy" was fully articulated in 1801 in *Traite Medico-Philosophique sur l'Alienation Mentale* (Deutsch, 1949, p. 91).

William Tuke, a British Quaker with no practical experience, had a more profound influence on the first asylums in the United States than did Pinel. His awareness of the conditions of British asylums stemmed from the needless death of a Quaker woman committed to Bedlam. He set out to persuade the Quaker community that a private institution, based on the premise of humane treatment in an open environment, should be built to care for mentally ill brethren.

The York Retreat, so named to avoid the stigma of "asylum" or "madhouse" opened in 1796 with Tuke as its first superintendent. Patients were treated with kindness and consideration in a non-institutional family environment, where they were encouraged to participate in occupational therapy and exercise programs thought to be conducive to mental health. Like Pinel, Tuke sought to eliminate chains and other mechanical restraints, although solitary confinement and some restraints were used on the most violent patients. He abolished the practices or blood-letting and over-medicating patients (Deutsch, 1949). In England, the principle of non-restraint was a key feature in the mental illness reform movement for the next half century. Tuke's views on asylum management were accorded great credence in the United States.

The Pennsylvania Hospital, founded through the efforts of American Quakers, turned its attention to the mentally ill at the behest of a group of humanitarian reformers which included Benjamin Franklin, William Bradford, and Benjamin Rush, "the father of American psychiatry." It opened a special wing for the insane in 1796 (Deutsch, 1949).

Dr. Rush saw no difference between mental and physical disease, and urged "medicalization" of social problems and coercive control by "therapeutic rather than punitive" sanctions (Szasz, 1970, p. 139). As superintendent, he enforced a rule of kind treatment for the mental patients at Pennsylvania Hospital; however, he believed in applying remedies to the mind through harsh medication of the body, e.g., blood-letting, purgatives and other depleting agents and mechanical contraptions (though not restraints) (Deutsch, 1949). To cure insanity, Rush advised physicians to gain total control over the person of the madman and condoned the use of terror as a therapeutic agent (Szasz, 1970). At the same time, he counseled physicians to accord the mentally ill respect and deference, and urged them to be honest with patients. He was very concerned about the problem of low-grade attendants and sought to employ kinder, better quality staff. These same kinds of contradictions remain with the mental health system today, concern with treatment based on a rigidly medical model, tempered by humanist concern for the plight of mentally ill individuals incarcerated in mental institutions.

Rush completed *Medical Inquiries and Observations upon the Diseases of the Mind* in 1812, and it remained the only American general treatise on psychiatry for 70 years after its publication (Deutsch, 1949, p. 72). He was the first teacher to institute a course of study in mental disease, through the method of having students accompany him on rounds.

Despite these innovations, the majority of mentally ill who were poor remained unaffected by the great psychiatric reforms of the time, and continued to receive the same methods of treatment as had their predecessors in the late colonial period.

II. THE EMERGENCE OF ASYLUMS IN THE JACKSONIAN ERA

Early Reformers and Medical Superintendents

Early nineteenth century American communities typically employed one of four methods to care for their resident insane poor: providing public support to the families of the insane to cover the cost of keeping patients in their own homes, auctioning them off to persons willing to provide for them at the lowest cost to the community; contracting their support to a single individual at a fixed price; and placing them in public almshouses (Deutsch, 1949, p. 117). Pessimism about the prognosis of mental illness was shared by the typical general practitioner and the layman alike. This widespread view of the incurability of insanity as well as the poverty of many of the mentally ill persons certainly did not heighten medical interest in exploring the causes and cure of mental disease (Dain, 1964).

During the next fifty years, however, a coterie of professionals (medical superintendents) and lay reformers effected a radical transformation in the care and treatment of the insane. The theory espoused was "moral treatment." It resulted in the construction of numerous asylums to house the mentally ill, financed by state legislative appropriations. By 1860, twenty-eight of the thirty-three states in the Union had such a publicly supported institution (Rothman, 1971, p. 130). A program of constructing asylums and segregating the mentally ill has continued to be the predominant response of the community to the problem of caring for these helpless members of society.

"Moral treatment was the original spur to the development of widespread institutionalization of the insane; and for nearly a century it remained the model of asylum management (Caplan, 1964, p. 4)." This mode of treatment was an early type of milieu therapy, in that the system was designed to regiment an individual's life through regular habits and work in the specially molded physical and social environment of the asylum. Moral treatment was inspired by the favored philosophy of the time, known as "ideology," which emphasized the singular importance of the environment in molding personality and mental functioning (Caplan, 1964, p. 6).

Medical superintendents and enlightened laymen manifested the optimistic belief that insanity was indeed curable, given proper treatment in an asylum. Samuel Woodward, superintendent of the Worcester State Hospital in Massachusetts, and one of the leaders in the field, declared, "In recent cases of insanity under judicious treatment, as large a proportion of recoveries will take place as from any other acute disease of equal severity (Rothman, 1971, p. 131)." That was in 1834, at a time when admission to an asylum was primarily reserved for the middle and upper classes who could contribute to their support, and for acute rather than chronic cases.

The growth of mental hospitals preceded the emergence of psychiatry as a scientific discipline and profession. Psychiatric thought and practice were not the dominant factors in shaping the structure and functions of institutions, rather it was the institutional setting which molded the development of American psychiatry (Jarvis, 1855; 1971, p. 10). Psychiatrists were described as medical superintendents, an appropriate term for a group with a generally pragmatic outlook, interested in theory only to the extent that it could provide a systematic method to organize and explain observed phenomena. They continued to share Benjamin Rush's commitment to somatic pathology despite the dearth of conclusive anatomical evidence (Caplan, 1964, pp. 63-64).

In 1844, thirteen of the leading medical superintendents, representing a cross-section of every type of mental institution in the country, founded the Association of Medical Superintendents of American Institutions for the Insane which later became the American Psychiatric Association. This was the first national society of medical men in the United States. The original membership included such leading figures as Isaac Ray of the Rhode Island State Asylum, Samuel Woodward of the Worcester State Hospital, and Thomas Kirkbride of the Pennsylvania Hospital for the Insane (Deutsch, 1949, pp. 191-192).

These superintendents shared the belief that moral treatment within the confines of an institution was necessary to cure mental disease. Isaac Ray conceded that (Rothman, 1971, p. 137):

> To sever a man's domestic ties, to take him out of the circle of friends and relatives most deeply interested in his welfare . . . and place him . . . in the hands of strangers, and in the company of persons as disordered as himself . . . at first sight, would seem little likely to exert a restorative effect.

His rationale for such drastic action was that it was carried out in the name of treatment to effect a cure. He declared that the patient on the outside (Rothman, 1971, p. 137):

> . . . is every moment exposed to circumstances that maintain the morbid activity of his mind . . . [and] the dearer the friend, the greater the emotion . . . In the hospital, on the other hand, he is beyond the reach of all these causes of excitement.

The primary concerns of these men, as evidenced by the committees of the Association of Medical Superintendents, were administrative and architectural questions. While the Association published the *American Journal of Insanity*, which contained articles on a wide variety of subjects, the primary focus of the group was on the structure of institutions. There was no precedent in the United States for the large number of persons being admitted to asylums for treatment; the effort involved a far more ambitious undertaking than providing custodial care. It is not surprising that the Association's first policy statement in 1851 purported to define the proper asylum architecture (Rothman, 1971).

Thomas Kirkbride published a textbook on insanity in 1854, one of the first since Benjamin Rush had written his Treatise in the previous century, entitled *On the Construction, Organization, and General Arrangements of Hospitals for the Insane, with Some Remarks on Insanity and Its Treatment;* it reflected the intellectual focus and ordering of priorities of the profession at that time. It included discussion of technical matters of construction and maintenance of hospitals, and was widely accepted as a standard text on the treatment of mental disorders despite its nuts and bolts emphasis (Deutsch, 1949).

While medical superintendents sought ways to build and maintain better asylums for the treatment of mental diseases, a number of concerned laymen were educating the public and heading up lobbying efforts to improve conditions in penitentiaries, almshouses, and workhouses as well as insane asylums. Since mental institutions, both public and private, preferred to admit and treat the well-to-do, the insane poor were often relegated to the almshouse or jail. When they were admitted to asylums, they generally received inferior treatment (Dain, 1964).

Dorothea Dix, Samual Howe, and Horace Mann were leaders in the mobilization of public opinion favoring institutional reform. While they exposed and condemned the treatment of the insane poor, they were essentially in agreement with the medical superintendents who advocated the use of moral treatment of the insane in an institutional environment as the way to cure mental illness (Deutsch, 1949).

As a result of Dorothea Dix's personal efforts, thirty mental hospitals were founded or enlarged. Her first investigation began in 1841, as a survey of Massachusetts jails and almshouses where she paid particular attention to the plight of the insane, and culminated in the Memorial to the Massachusetts Legislature (Dix, 1843/1971). Her formula for state campaigns was straight-forward and effective. She documented the conditions of the insane poor after a state-wide investigation, then presented a memorial and a bill to the state legislature, wherein she asserted the curability of insanity given proper institutional care, and supported her statements with the prevailing medical opinion of the day (Rothman, 1971).

The Memorial to the Massachusetts Legislature was a controversial measure which drew accusations of sensationalism; Dix met these with facts backing up her allegations. She sought to educate the legislature and general population about better methods for treating the insane, and both groups were aroused to renewed interest in their plight. In Massachusetts, as in other states, the legislature responded by passing a bill calling for the enlargement of Worcester State Hospital for the indigent insane. It was her opinion that "Hospitals are the only places where insane persons can be at once humanely and properly controlled. Poorhouses, converted into madhouses, cease to effect the purpose for which they are established . . . and are transformed into perpetual bedlams (Deutsch, 1949, p. 168)."

The reform movements encountered substantial opposition from diverse interests which criticized Dorothea Dix and fellow reformers for being interlopers without professional training, " . . . self-appointed Lunacy Commissioner[s] . . . (Deutsch, 1949, p. 174)." Institutional officials who sought to avoid criticism, allied themselves with tightfisted public servants and rich landowners who feared that "madhouses" would despoil the beauty (and value) of their holdings. Despite such opposition, the reform movement succeeded in large measure in its goal of spreading the gospel of moral treatment.

By 1854, Dorothea Dix had been so successful in securing the passage of legislation in states that she was ready to press for federal legislation to assist states in raising funds for the care of their indigent mentally ill and retarded residents. The 12,225,000 Acre Bill would have apportioned that amount of land among the states to accomplish such purpose, and if it had succeeded, the precedent of federal grants-in-aid to states for the assistance of the indigent would have been established seventy-five years earlier than it was. The Bill passed Congress, but was vetoed by President Franklin Pierce, a state's rights protectionist, on the ground that such legislation would transfer the charge of caring for the poor in all the states to the federal government (Marshall, 1967).

Moral Treatment to Custodial Care

By the end of the eighteenth century, the medical profession no longer thought that insanity had a supernatural origin. The naturalistic approach used by enlightened physicians of that era brought mental illness under the care of the physician rather than the clergy, and placed the disease within the realm of science, not religion (Dain, 1964).

The assumptions shared by the practitioners of "moral treatment" became widely accepted, as it became the treatment of choice for the insane. The purpose of such treatment was to establish order in the patient's life through programs of daily care in asylums (Rothman, 1971, p. 138). A partnership grew between laymen who helped to bring the ideas of moral treatment to community attention, and professionals, who were respected members of the community.

The asylum, built to segregate the mentally ill from society, was physically separated from the community. Most institutions built after 1820 were located in rural areas, at some distance from an urban center. Here there was a convenient fit between the medical superintendent's treatment programs and the practical concerns of legislators and trustees, because land in rural areas was considerably cheaper (Rothman, 1971).

The original medical superintendents were eager to prevent insanity rather than cure it, and regarded young children as an important group, whose impressionable minds were being molded by their upbringing and education. Parent education was already developing in early nineteenth century America. British and European publications on infant care were circulated, and mother's groups met regularly. However, the realities of institution management and of wrangling with recalcitrant legislatures over appropriations left medical superintendents with little time for prevention, much less cure (Caplan, 1964).

For the first time, a large body of legislation was passed, treating the insane as a special group, rather than classifying them with other paupers under the Poor Laws. Reformers, such as Dorothea Dix, aroused public opinion sufficiently so that the legislatures appropriated funds for the construction of new asylums to house the insane. At the same time, there was a consensus among the advocates of moral treatment that insanity could be cured, given the proper resources for treatment. Disillusionment with that idea made it easy for legislatures to relegate asylums to low priority and to short-change them on appropriations (Caplan, 1964). Moral treatment seems to have been relatively successful so long as asylums were able to admit a limited number of acutely ill patients, primarily from the middle and upper socioeconomic classes. These patients were similar in background to the medical superintendents, and received superior treatment and more privileges than fellow patients from the lower class. Medical superintendents claimed that middle and upper class patients were more amenable to treatment than those of the lower class. This was in part due to the fact that the success of moral treatment depended upon a close trusting relationship between doctor and patient, and such a relationship was more easily constructed where both came from similar backgrounds (Dain, 1964).

Increasingly, legislatures appropriated funds for the construction of asylums, but set out conditions which interfered with superintendents' policies and prerogatives. In Massachusetts, the state hospital was instructed to admit the most disruptive and chronic cases first, as a matter of convenience, even though the effectiveness of the institution would likely be diminished (Rothman, 1971).

The great immigrations of the mid-nineteenth century brought many poor people to the United States who were unable to adapt to the stresses of living in an urban industrial environment. State asylums quickly filled with urban poor who did not respond to the moral treatment approach. Asylums became severely overcrowded, and superintendents were unable to cajole legislatures into increasing appropriations. Moral treatment degenerated to moral restraint, and then to custodial care (Deutsch, 1949). The use of restraints and seclusion was reinstituted because of severely overcrowded conditions and a dearth of personnel.

In the eighteenth century, the upper classes were perceived as particularly susceptable to mental illness. However, by the mid-nineteenth century, a close connection was observed between pauperism and insanity. Edward Jarvis reported that the prognosis for mentally-ill paupers was bleak, unless they came from the submerged middle class. "The closer the poor came to the standard of propriety set by the middle classes, the more sympathetically psychiatrists looked upon them (Jarvis, 1855; 1971, p. 99)."

By the Civil War, most private mental hospitals had effectively excluded lower class patients. As long as mental hospitals had not distinguished between admitting paying and non-paying patients, the movement to up-grade conditions in public hospitals was strong (Deutsch, 1949). The diminution of pressure to improve conditions began when public institutions were relegated to serving predominantly lower class patients (Grob, 1966).

Worcester State Hospital, Example of an Early Institution

Worcester State Hospital located in Worcester, Massachusetts, admitted its first patient in 1833. Dr. Samuel B. Woodward, the first president of the Association of Medical Superintendents, served as its superintendent, and the institution quickly gained a national reputation as a result of its therapeutic successes. This model institution began to encounter the difficulties all such institutions faced in the 1840's: overcrowding, a changed patient population (poor, many immigrants), declining curability rates, and insufficient funding (Jarvis, 1855; 1971). Dorothea Dix toured the institution during a tour of facilities and presented a Memorial to the State Legislature of Massachusetts calling for better treatment of the insane poor (Marshall, 1967). In 1848, the legislature provided for the establishment of a committee to study the problems related to mental illness and to offer recommendations. As a result of this study, the legislature appropriated funds for a second state hospital which opened in 1854 (Jarvis, 1855; 1971). This second institution did not make a significant improvement in conditions at Worcester State Hospital. The number of persons requiring institutionalization appeared to be increasing more rapidly than the general population. Perhaps, this increase was due to the idea that mental illness could best be cured under a regime of moral treatment in an asylum, or because of increased public awareness that the mentally ill should be classified and treated separately from other poor people. However, the increase was generally attributed to the influx of immigrants into urban areas (Deutsch, 1949).

By 1854, the Worcester State Hospital had deteriorated so drastically that it was described as among the poorest institutions, if not the poorest (Jarvis, 1855; 1971). Dr. Edward Jarvis and two other commissioners were appointed by the Committee on Public Charitable Institutions of the legislature to provide an analysis of the problems growing out of mental illness, and guidelines for a more intelligent enlightened policy. *The Report on Insanity* was primarily the work of Dr. Edward Jarvis; it was very influential in molding public policy on mental illness, not only in Massachusetts but in the entire United States.

Jarvis utilized an improved methodology in estimating the total number of the insane. His census was based upon questionnáires submitted to Massachusetts physicians, in which they were asked to name insane persons in their communities (Jarvis, 1855; 1971). He discussed the link between poverty and mental illness, and between ethnicity and mental illness, finding some correlation. Certainly, he was influenced by the ethnic and economic conflicts following the increase in immigration in the mid-nineteenth century (Rothman, 1971). "It may be supposed," Jarvis (1885; 1971, p. 55) wrote, ". . . that much of poverty has a common origin with insanity—both of them represent internal mental character, or physical condition as well as external circumstances."

Dr. Jarvis noted that the longer patients remained untreated, the greater the likelihood that they never would be cured. He advised trying to anticipate and prevent mental illness, as well as institutionalizing only the curable (acute cases) and the violent to maximize effectiveness and reduce crowding. If towns were required to treat the mentally ill early in the onset of illness, he reasoned that chronic cases could be reduced (Jarvis, 1855; 1971, p. 108).

Jarvis criticized large institutions as tending to diminish efficiency, and costing more to maintain because of distance and difficulty of access. He agreed with Kirkbride that institutions should be no larger than 250 persons. The *Report* recommended that Worcester remain open only until a new asylum in the western part of the state could be opened for occupancy. Then, it should be sold to finance a new institution in Worcester. (N. B. This did not happen.)

The *Report* argued that native born insane paupers and independents should be placed in a separate institution from state paupers who were mostly immigrants (especially Irish) because of ". . . the wide difference between them and the mass of our people (Jarvis, 1855; 1971, p. 149)."

The *Report* was widely acclaimed and was held up as model for other states. However, Worcester did not improve significantly as a treatment facility, but emerged in the 1860's as a welfare type institution.

III. THE GROWTH OF STATE CARE

The Exodus from Local Care and the Failure of the Asylum

After 1850, both the reality of institutional care and the rhetoric of medical superintendents clearly indicated that the optimism of such reformers as Dorothea Dix and Samual Howe had been unfounded. Insane asylums suffered an even more dramatic decline, from reform institutions to human warehouses, than did penitentiaries, almshouses or orphan asylums. Professionals and laymen began to doubt that mental disease was as susceptible to cure as once had been thought. The state mental hospital became integral to public policy by the mid-nineteenth century, since it has absorbed many welfare functions once performed by communities; the trend was irreversible (Rothman, 1971).

State legislatures had passed enabling legislation in the 1830's and 1840's to provide for the financing of large mental institutions. This was done in response to publicly supported medical superintendents and reformers, who had declared that insanity could be eradicated through the implementation of moral treatment. By the Civil War nearly every state had one or more such public institutions.

Both public and private asylums selected their patients in the first decades of the nineteenth century, so wealthy patients predominated. The poor who were admitted received inferior care, remained untreated for longer periods, or were likely to be criminally insane persons sent from prisons (Dain, 1964). The organization of mental hospitals reflected the social structure of the world outside the asylum; patients were generally classified on the basis of socio-economic status and were physically segregated according to class. Patients with higher social status were given more privileges and better care. One medical superintendent explained, "It is certainly exceedingly unpleasant to be compelled to associate with those whose education, conduct, and moral habits are unlike and repugnant to us. Because persons are insane, we must not conclude that they always lose the power of appreciating suitable associates, or are insensible to the influence of improper communications (Jarvis, 1855; 1971, p. 16)."

The practice of a community taking care of its own indigents and mentally ill residents was abandoned when moral treatment and its requirement of institutionalization became the accepted theory. Structures designed to serve two hundred patients in the 1830's often held twice that number in the 1850's. In addition to overcrowding came the breakdown of classification systems, the disappearance of work therapy and an increase in the use of mechanical restraints and harsh punishments to keep the patients tractable (Deutsch, 1949).

State mental hospitals in the United States came into existence at a time of great upheaval caused by industrialization, urbanization, and a population boom from mass immigration. Mental illness also seemed to be on the increase. Since it was extremely difficult for poor immigrant families to take care of mentally ill members in highly populated areas, the Irish and other immigrant groups became disproportionately represented in mental hospital populations. Thus, in 1850, 534 patients at the New York City Lunatic Asylum were immigrants, and 121 were native born (Jarvis, 1855; 1971, p. 19).

The success of enlarged public mental hospitals was further hampered by the multiple functions forced upon them. In addition to acute cases of mental illness, these hospitals were required to admit geriatric patients, the unemployed and dependent. In 1861, the Superintendent of the New York City Lunatic Asylum complained, "The feeling is quite too common that a lunatic asylum is a grand receptacle for all who are troublesome (Jarvis, 1855; 1971, p. 18)."

The transformation of the mental hospital from a custodial to a treatment facility was more illusory than real, and by the 1850's, the mental institution had been forced to retreat to its traditional role as an undifferentiated welfare and custodial institution (Caplan, 1964). Instead of being incarcerated in a local poorhouse near friends and family, however, the insane were now transported to an isolated location in a rural area and housed together. By 1850, it was evident that the main function of state mental hospitals was to provide relatively inexpensive care for a patient population primarily drawn from lower class groups. This was a key element in the formulation of public policy toward mental hospitals. Americans were ambivalent in their attitude toward the poor, especially immigrants. While there was a feeling of sympathy for the plight of the indigent, which resulted in charitable and philanthropic activity, many Americans attributed poverty to the laziness and poor character of individuals rather than to societal defects (Jarvis, 1855; 1971).

Thus, the mental hospital was forced to act as both a medical and a welfare institution. Its functions were deemed to be: the provision of long term medical care to those who could not afford it, and the protection of society from individuals whose sick minds were the product of their own shortcomings (Deutsch, 1949). The institutions came to be classified with other welfare and penal institutions and received the same level of funding.

State Commissions of Lunacy and State Care Legislation

Colonial legislative bodies had enacted local Poor Laws, based upon the English Poor Laws, to provide for the care of all poor, dependent residents. The mentally ill were not classified separately from other paupers. Responsibility for their care and treatment was imposed upon the community in which they resided (Rothman, 1971).

Trends in state legislation paralleled changes in societal views about the appropriate mode of treatment for the mentally ill. The mentally ill were categorized separately from other paupers, although the practicalities of caring for mentally ill persons sometimes resulted in their admission to almshouses, workhouses and even jails when separate facilities for the treatment of the mentally ill were not available. By the late nineteenth century "state care" legislation envisioned public care and treatment for all mentally ill persons in hospitals owned and operated by the state.

Such legislation found its most significant articulation in the New York State Care Act of 1890. Among other features, the Act included:

1. state support for all indigent insane in state hospitals;
2. division of the state into geographical catchment areas, and requirements that each state hospital admit all the insane in its catchment area, thus eliminating the distinction between chronic and acute cases;
3. directions that all insane poor be removed from poor houses;
4. substitution of the title "hospital" for "asylum" in all public institutions for the insane, indicating the intent that such institutions could and should be curative (Chapter 26, New York Laws of 1890).

Some of the provisions in the State Care Act had been anticipated by other states, often as a result of the exposés by State Commissions of Lunacy. The most influential of these commissions was the Massachusetts Commission on Lunacy which was headed by Edward Jarvis and published its report in 1855. Such commissions were generally given the charge of investigating the conditions at various institutions within a state, and were to report their findings to the legislature for the purpose of facilitating ameliorative legislation (Grob, 1971).

Enlightened state legislatures were also interested in improving all state institutions and appointed joint committees to investigate the whole system of public welfare institutions with a view towards the creation of a central public welfare body. It was thought that a centrally controlled welfare system would promote greater efficiency and prevent duplication of functions, thereby saving state expenditures. Massachusetts led the way in establishing a central welfare body when its state legislature voted to establish a state board of charities in 1863. Within the next ten years, ten other states voted to create similar boards (Deutsch, 1949).

While the boards were generally restricted to inspection of various charitable institutions, with the power to transfer inhabitants under limited circumstances, their jurisdiction was gradually expanded to include supervisory powers. Such boards were effective at ferreting out abuses and mobilizing public opinion, they had taken up the work of such early reformers as Dorothea Dix, under the aegis of the state legislatures.

The state committees and state boards were in agreement on one issue: almshouses were totally inappropriate institutions for the confinement of the mentally ill. The insane in poorhouses should be transferred to separate institutions where they could receive treatment suited to their needs. This philosophy fitted in well with the growing trend toward state care legislation.

As early as 1868, the North Carolina Constitution provided for the care of the insane at state expense (Article XI, Section 10). After the completion of Eastern State Hospital, 1877, the Michigan legislature passed an act which prohibited the placement of any insane person in an almshouse. All mentally ill persons were to be maintained in state hospitals at state expense (Michigan Laws of 1877, Public Act No. 194, Sections 23, 26, and 34). Until the New York State Care Act of 1890, this was perhaps the most progressive legislation regarding the treatment of the mentally ill.

By the turn of the century, most states had promulgated state care legislation, which still operates in many of these states. Such legislation envisioned treatment of the mentally ill in large state hospitals, rather than in the community. It was not until the early 1960's, when the federal government appropriated funds for community Mental Health Centers, that the philosophy behind state care legislation was seriously called into question.

Psychiatry and the Growth of Professionalism

Throughout most of the nineteenth century, the American psychiatrist, or medical superintendent as he was appropriately described, was isolated from the mainstreams of the medical profession and the community at large, by the confines of institutions for the mentally ill. Not only was the psychiatrist physically remote from the outside world, due to placement of hospitals for the insane in rural areas, but the realities of running such an institution required him to become an efficient administrator rather than to inaugurate new modes of treatment or to pursue scientific research. Since psychiatric practice was limited to institutions for the insane until the late nineteenth century, scientific publications on mental disease were as scarce as they had been when Benjamin Rush had published his *Medical Inquiries and Observations upon the Diseases of the Mind* in 1812 (Caplan, 1964).

The newly emerging profession of neurology, defined as a ". . . medical specialty that deals with the nervous system and its diseases while psychiatry concerns itself with the study and treatment of personality disorders (Deutsch, 1949, p. 276)," forced institutional psychiatrists out of asylums into the public eye. Neurology had developed as a medical specialty during the Civil War and gained prominence in American medicine during the 1870's. An intense rivalry grew up between the two specialties; the psychiatrists resented and mistrusted the neurologists as interlopers, while the neurologists criticized the administration and management of the mental hospitals, as well as the arrogant indifference of medical superintendents to scientific research (Deutsch, 1949).

While public distrust of mental institutions was increased, thereby fortifying the public's reluctance to commit relatives until their cases were chronic, psychiatrists under attack by neurologists were forced to initiate reforms. One of the chief shortcomings in mental hospitals was the grave shortage of trained personnel, especially nursing staff and attendants. A permanent nurses' training school was instituted at the McLean Asylum in Massachusetts in 1882, and the professional training school idea spread slowly to other state mental hospitals during the next ten years (Caplan, 1964). It was not until the 1870's that lectures on mental and nervous disorders were offered at medical schools in the United States. Between 1813 when Benjamin Rush died and 1867 when William Hammond was appointed to teach Nervous and Mental Diseases at Bellevue Hospital Medical College in New York, there was no systemic course on mental diseases given in a medical school; specially trained physicians were virtually non-existent on the staffs of mental hospitals and increased very slowly. Their experience, of necessity, had to be gleaned on a day-to-day basis at the asylum; administrative activities effectively precluded any organized course of study or empirical research within the institution (Deutsch, 1949).

Due to the influence of neurology, the trend of psychiatric thought shifted from an emphasis on "moral" causes to an emphasis on physiological causes. Research on mental illness was dominated by the physiological approach during the late nineteenth century; at the same time, such scientific study was leaving the ward and moving into the lab (Caplan, 1964). The Pathological Institute of the New York State Hospitals, established in 1895 as part of the hospital system set up under the State Care Act of 1895, constituted a major advance for psychiatric research. Dr. Adolf Meyer became the Institute's director in 1902 and was largely responsible for shifting the focus of psychiatric research at the Institute and in the United States:

> from its dependence on the dead house and its almost complete concentration on morbid materials, and began to turn its attention to the living material represented by the individual patient, studied as an organism in relation to his environment (Deutsch, 1949, p. 286).

This approach has been described as dynamic psychiatry.

Dr. Meyer recognized the value of establishing a contact between the mental hospital to which a patient was admitted for treatment and the community into which he would be discharged. Specifically trained social workers had long collaborated with psychiatrists in Europe, but it was not until 1906 that an American social worker was hired by the State Charities Aid Association in New York to function as an aftercare agent (French, 1940).

At the same time that Dr. Adolf Meyer was changing the face of the psychiatric profession in the United States, Dr. Sigmund Freud was evolving his controversial theories and treatment, known as psychoanalysis. The idea that important mental processes occur without the realm of man's consciousness, coupled with Freud's emphasis on sex, especially infantile sexuality and the Oedipal state, provoked bitter opposition. In 1909, Dr. Freud and Dr. C. G. Jung, who later created a school of analytical psychology, travelled to the United States to deliver a series of lectures on psychotherapy. This occasioned great interest in their theories and method of treatment, both favorable and violently opposed. The movement was officially recognized in the United States in 1911, with the formation of the New York Psychoanalytic Society (Hall, 1944).

In addition to being a mode of treating neuroses and psychoneuroses, psychoanalysis has also proved to be useful as a methodology for research into normal and abnormal mental processes, as well as providing an organized theory of personality. While psychoanalysis has played an important therapeutic role in the treatment of neuroses for patients in private mental hospitals, it has not been used widely to treat psychoses, especially in public institutions.

IV. THE MENTAL HYGIENE MOVEMENT

National Committees

The beginning of the twentieth century coincided with the so-called Progressive Era, which signaled a rise in reform movements in such diverse sectors as politics, economic legislation and social welfare. The emphasis in public health and social work became prevention, probably due in part to discoveries within the field of public health. The eugenics movement, which focused on the problems of heredity, was an outgrowth of this preventive ideal, though the ideas espoused were later used to justify repressive legislation against the mentally retarded (Kugel and Wolfensberger, 1969).

During the first decade of the twentieth century many organizations devoted to preventive medicine came into being to alert the public to new advances in medicine which could facilitate the cure and prevention of diseases. These included the National Tuberculosis Association (1904), the American Social Hygiene Association (1910), the American Child Health Association (1909) and the National Committee for Mental Hygiene (1909) which is most significant for the purposes of this discussion (Deutsch, 1949). The mental hygiene movement's origins were linked to the same forces which helped cause the development of other such organizations; its founder was Clifford Beers.

Clifford Beers was a native of New Haven, Connecticut from a solid middle class family; he led a perfectly ordinary life until he was an undergraduate at Yale, when his brother became epileptic. Beers became obsessed with the fear that he, too, was doomed to become epileptic. Seemingly normal, he graduated from Yale and embarked upon a business career, but the fear of epilepsy had so affected his mind that he was driven to attempt suicide. He survived but fell victim to severe delusions, alternating between grandeur and persecution, and was hospitalized over a period of three years in three mental hospitals in Connecticut.

While the mental hospitals differed as to type, including a private profit-making institution and a state hospital, he was subjected to the same inhumane, brutal treatment in all of them. In 1903, Beers was discharged as completely recovered, no thanks to the treatment he had received and witnessed (Ridenour, 1961).

During his stay in the institutions Beers had resolved to try to dispel public ignorance about the plight of the insane and about the nature of mental illness. He had written long accounts of his asylum experiences which he turned into the autobiography, *A Mind that Found Itself*, published in 1908. Unlike previous asylum exposes, it was widely acclaimed as a springboard for social action since it included a definitive plan for eliminating the outrageous conditions which Beers had documented (Deutsch, 1949).

Beers recommended the formation of a national society to press for reforms in the prevention and treatment of mental illness and to educate the public about the nature and curability of mental illness. Many prominent professionals and lay people reacted favorably to his autobiography and supported his proposals, including William James and Dr. Adolf Meyer, who was to suggest the term "mental hygiene" to describe the new movement (Deutsch, 1949). The National Committee for Mental Hygiene, a voluntary organization, was founded in 1909 with the primary goal of preventing mental illness (Brand and Sapir, 1964).

The National Committee gained enthusiastic support from psychiatrists and such other mental health professionals as there were at the time, especially social workers, but it was not until 1912 that a donation of 50,000 dollars enabled any active work to commence. Under the direction of Dr. Thomas Salmon, an affiliate of the United States Public Health Service, the Committee conducted a survey of existing mental health facilities in the United States for the purpose of recommending new construction. This was the first of many regional surveys concerned with institutions for the mentally ill and mentally retarded which helped to secure more adequate services to the target groups (Ridenour, 1964).

World War I and the post-war era advanced the mental hygiene movement, the mental and physical problems of the military received increased attention by the government because of the high incidence of mental disease among troops in the first years of the war. The federal government created a division of neurology and psychology in the Surgeon General's Office, and assigned the task of organizing this agency to the National Committee for Mental Hygiene. The public's attention remained directed toward the elimination of those mental disorders which could be prevented, and toward improvement of existing treatment methods. The movement expanded to include new areas of activity, including education, public health, industry, criminology and social work, the field in which it had its greatest effect (Deutsch, 1949).

In both psychiatry and social work, there was an increasing emphasis on individualization of treatment. Social workers changed their basic orientation from working in large reform movements to achieve broad social changes to emphasizing the importance of individual case work (Ridenour, 1964)[4] (The trend toward community organization in social work schools seems to indicate that the trend has been at least partially reversed).

The National Committee recognized the need for trained psychiatric social workers during and after World War I, as it sought to treat mentally ill soldiers. By 1918, social work in state hospitals was well established in New York and Massachusetts, where social workers were employed in both hospitals and community clinics. Although some social work courses with psychiatric content had been taught prior to 1918, Smith College in conjunction with the National Committee offered the first psychiatric social work program when it opened the Training School for Mental Hygiene in that year. At other social work schools, courses in mental hygiene became so popular that some feared an overemphasis on the mental factors in the problems of social work (French, 1940).

Child Guidance and Specialized Services for Children

With the development of the Progressive's ideal of prevention as a cure for social ills, it became apparent that many of the mental disorders of adults could be traced back to childhood. Freudian theory espouses this view of personality, but the beginnings of the child guidance movement in the United States really were linked to early child study experiments undertaken in connection with the juvenile court system (French, 1940). The Juvenile Psychopathic Institute, founded in Chicago in 1909 By Dr. William Healy, was the first such clinic to study the causes of juvenile delinquency. By 1914, the clinic was transferred to county jurisdiction from the private sector, and was renamed the Institute of Juvenile Research. *The Individual Delinquent*, a pioneer work by Dr. Healy based upon the Institute's case studies, was published in 1915. Several other psychiatric clinics for delinquent children were organized to be affiliated with juvenile courts and were modelled closely after Dr. Healy's clinic. It was not until after World War I that child psychiatry went beyond the realm of juvenile delinquency to the broader community (Deutsch, 1949).

Based on surveys conducted on school children beginning in 1915, the National Committee for Mental Hygiene realized that there was a real need for children's psychiatric clinics. Dr. Thomas Salmon, late of the Public Health Service, who had an important position with the National Committee, became active in publicizing the need for such clinics. It was in large part due to his efforts that a conference on the prevention of juvenile delinquency was held in 1921, jointly sponsored by the National Committee and the Commonwealth Fund. As a result of the recommendations made by the conference, a five year demonstration program of child guidance clinics was inaugurated in 1922 by the two aforementioned organizations. This was really the beginning of the child guidance movement as a broad based effort, and many clinics were opened as a result of the demonstration program (Ridenour, 1961).

Child guidance clinics were staffed by a team of professionals: a psychiatrist, a psychologist, and a psychiatric social worker. This was the first time that children with mental disorders, who had not been involved with the criminal law system and labelled delinquent, were receiving treatment suited to their needs. Such clinics have been funded through public and private sources and are often operated on a part-time basis as an adjunct of general or state hospitals, juvenile courts, school or welfare agencies.

Increased federal involvement in the sphere of mental health has not been sufficient to provide outpatient treatment for the ten per cent of American public school children estimated to be emotionally disturbed. The National Institute of Mental Health reported that in 1965, less than one-quarter of the nation's 1,800 mental health clinics were equipped to provide child psychiatric services (NIMH, 1965). The Community Mental Health Construction Act of 1963 had as its major focus the provision of a complete range of mental health services at the community level (Title II, Public Law 88-164). The National Institute of Mental Health has continued to share the view of the founders of the mental hygiene movement, Clifford Beers and Dr. Adolf Meyers, that it is best to treat children and adults in their natural environment, using preventive or special mental health services from the community to prevent serious crises and institutionalization (NIMH, 1965, p. 26). Unfortunately, the reality still falls far short of the ideal.

V. CHANGING VIEWS ABOUT MENTAL DEFICIENCY

The development of institutions and programs for the mentally retarded is remarkably similar to that of those for the mentally ill, except that the mentally retarded were regarded as subhuman, rather than being stripped of their rights and privileges as human beings for the duration of their illness as were the mentally ill. In the 1840 and 1850 censuses, the insane and the retarded were counted together in reports, and until the 1920's, the Public Health Service lumped together criminals, defectives and delinquents in public accounts (Kugel and Wolfensberger, 1969, p. 6).

Most mentally retarded who were institutionalized in the nineteenth century were incarcerated because of poverty and inability to care for themselves; they were generally sent to almshouses. Some state institutions for the mentally ill admitted the mentally retarded, but when overcrowding existed, they were the first to be transferred to almshouses or local jails. There was virtually no legal distinction made between the mentally ill and mentally retarded until late in the nineteenth century (Deutsch, 1949).

In the 1840's, the asylum construction movement was in full swing, and the optimism about the possibilities of curing the mentally ill was reflected in the view held by some enlightened Americans that the mentally retarded were educable.

In 1846, the New York and Massachusetts legislatures promulgated statutes outlining public provision for the mentally retarded. Dr. Samuel Gridley Howe was appointed by the Massachusetts legislature to document the condition of the mentally retarded in the state (Deutsch, 1949).

The Massachusetts legislature acted swiftly in response to Howe's report, which described a bleak picture characterized by brutality and neglect, and appropriated funds in 1848 to open a school for the mentally retarded. Howe was the first director of the Massachusetts School for Idiotic and Feeble-Minded Youth (later renamed the Walter E. Fernald State School) and envisioned the institution as a temporary boarding school for the educable, not as an establishment for incurables, those with severe brain damage or multiple handicaps (Kugel and Wolfensberger, 1969, pp. 90-91). Howe shared the views of medical superintendents that the mentally disabled should be removed from society for treatment or education. The Massachusetts School was located in the heart of Boston, though, rather than being isolated in a rural area. Under well-planned and supervised training programs in pioneer schools, many of the mildly and moderately retarded residents improved sufficiently to return to the community. These schools were more successful in habilitation of children than of adults (Rothman, 1971).

The optimism of the early asylum advocates was eroded by the problems of overcrowding and underfinancing manifested in the mid-1850's, and the institutions for the mentally retarded were no exception. The change in ideologies in the 1870's and 1880's resulted in doubts about the abilities of training schools to prepare retarded adults for adjustment to the life of a community. C. T. Wilbur declared in 1888, "In the race of life, when an individual who is backward or peculiar attempts to compete with those who are not, the disadvantages are so great that the graduate from the idiot asylum really has no chance to succeed (Kugel and Wolfensberger, 1969, p. 95)." Thus, the institutions for the mentally retarded came to provide custodial care in a medical setting rather than habilitation in an educational environment, and the rural "asylum" replaced the "school." Symptomatic of this profound alteration in view of the nature of mental retardation was the institution founded at Rome, New York, in 1893, called the Custodial Asylum for Unteachable Idiots. Such institutions for the mentally retarded emphasized the admission of the children of indigent parents, underscoring the public welfare role.

The trend of state legislation favored the enlargement of state institutions for the retarded, no longer small group boarding homes. Such legislation signalled agreement with the principle of efficient "keeping" of residents and segregating deviants with their own kind (Rothman, 1971). Typical of this era was a Pennsylvania statute passed in 1887 raising the permissible size of institutions from

400 to 500 residents and reducing the per capita expenditure from $200 to $175 (Kugel and Wolfensberger, 1969, p. 99).

In order to alleviate crowding of these large institutions which came to be built in rural areas, farm colonies were developed to be run by the mentally retarded. The first of these was built in Massachusetts in 1881, and residents of the Fernald school were transferred from their location in the heart of the community. The farm colony was a partial solution to the problem of what to do with the mentally retarded. Since most Americans regarded the retarded as fundamentally uneducable dependents on society, the colony farm was a means whereby they could be trained to do simple tasks and help to offset the cost of their care at the same time. The adoption of agricultural pursuits required land, and this trend was compatible with the desire to segregate the retarded from the populace, to protect them from the public and the converse (Deutsch, 1949).

The image of the mentally retarded as a menace to society began to receive credence in the 1880's and reached its peak between 1908-1915, coinciding with the rise of the eugenics movement which overemphasized hereditary factors in relation to mental defect. Influenced by the rediscovery of Mendel's laws of heredity, tremendous interest rose in tracing the majority of society's ills, including mental retardation, to hereditary influences (Kugel and Wolfensberger, 1969).

Several published studies traced the pedigrees of families of degenerate stock containing a high incidence of mental deficiency. The most famous of these studies, by Goddard, was published in 1912 and traced the geneology of two lines of descendents of Martin "Kallikak" (a pseudonym) allegedly a "good" strain containing upright citizens and a "bad" strain containing morally and mentally defective people. The good strain was the product of Kallikak's marriage to a respectable girl after he had served in the Revolutionary War while the bad strain resulted from an affair between Kallikak and an allegedly mentally retarded servant girl. Goddard concluded that mental deficiency was hereditary and was largely to blame for all manner of social problems confronting early twentieth century society (Deutsch, 1949).

Extensive study was given to the means of preventing the perpetuation of mental deficiency; by 1915, seven states had public commissions, charged with recommending legislative solutions to this problem as well as several states with unofficial organizations. The 1915 National Conference of Charities and Correction devoted most of its proceedings to the discussion of "Prevention of Mental Defect." The practical solutions offered were basically oriented toward segregation and prevention of procreation (Kugel and Wolfensberger, 1969).

It was the consensus of the committees that the survival of society demanded that the mentally retarded be segregated from society through involuntary commitment to institutions. The administrators of institutions responded to the influx of mentally retarded patients during a time when legislatures were reducing per capita expenditures by putting the higher level residents to work caring for more helpless residents, and by raising crops on colony farms, thereby lowering costs. Thus, institutions came to depend on unpaid resident labor to run the facilities and were reluctant to discharge their mildly and moderately retarded charges.

In order to prevent procreation by mentally retarded inmates strict segregation of sexes was observed. In the early 1900's compulsory sterilization laws were passed for eugenic and penal reasons. Such statutes were upheld on appeal but ultimately failed due to the difficulties encountered in distinguishing between normality and mental deficiency (Kittrie, 1971). However, even today not all states have revoked these sterilization laws.

The community mental health clinics, founded as a result of the influence of the mental hygiene movement, made very little contribution toward the creation of habilitation programs in the community for the retarded. The function of such clinics was interpreted to be a preventative one, so they engaged in eugenics work and labelling rather than developing community assistance programs for the mentally retarded and their families.

Most states, by World War I, had constitutional or statutory provisions requiring that mandatory free public education be provided the children in these states. However, in most instances, mentally retarded and handicapped children were systematically excluded from attending public schools. In those communities which funded special education classes, such classes were perceived as a means of identifying the mentally retarded for subsequent institutionalization. Fernald stated in 1915 that "The modern public school class for defective children ensures diagnosis and treatment at an early age, helps to inform parents as to the dangers of mental defect, and admirably serves as a clearinghouse for permanent segregation (Kugel and Wolfensberger, 1969, p. 127)."

The alarmist beliefs of the early twentieth century about the nature of mental retardation have dissipated and, in theory, long-term custodial institutionalization is no longer favored. The American Association on Mental Deficiency, the major professional organization, founded in 1876 under a different name, has exerted a powerful influence on the progress of the mentally retarded. In the past, it endorsed the traditional orientation of the conventional, institutional model and did little to pressure for the implementation of the principle of normalization.

Throughout the Depression and World War II, institutions for the mentally retarded were neglected just as were institutions for the mentally ill. Despite exposés of the warehousing conditions endemic to institutions for the retarded, state legislatures did little to increase funding. In 1966-1967, Robert Kugel reported that per diem funding in institutions for the retarded averaged $3-$14. It has been documented that long-term institutionalization of the retarded is far more expensive than providing all those who do not require intensive nursing care with community based habilitation programs in a normalized setting (Kugel and Wolfensberger, 1969).

A federal district court judge in Alabama, Judge Frank Johnson, recently enunciated the principle that involuntarily committed mentally retarded and mentally ill residents of Alabama state hospitals have a constitutional right to receive adequate treatment suited to their individual needs in the least restrictive setting possible *(Wyatt v. Stickney)*. This decision could herald the demise of the large long-term residential facility.

VI. INCREASING FEDERAL INVOLVEMENT

Federal Action in Mental Health Prior to World War II

Care and treatment of the mentally ill traditionally were considered the responsibility of states, as were other public welfare functions. Except for the 12,225,000 Acre Bill which was vetoed by President Franklin Pierce, the federal government was totally uninvolved in any national programs affecting the mentally ill.

A category for the insane was included in U. S. census reports beginning in 1840. It was these reports which caused alarm about the rapid increase in the number of mentally ill in America after the Civil War, but it appears that faulty data collection techniques rendered the figures on the number of insane and mentally retarded prior to 1890 inaccurate (Deutsch, 1949).

The Government Hospital for the Insane, now named St. Elizabeth's Hospital, was founded in 1852 in Washington, D. C. It was under the jurisdiction of the Department of Interior and originally received patients from the District of Columbia, U. S. military and territorial possessions. However, this institution was analogous to a state mental hospital, and did not set any precedents in treatment for the insane (Deutsch, 1949).

The Public Health Service was the first agency of the federal government to actively involve itself with mental illness when it instituted medical inspection of aliens at Ellis Island for the Immigration and Naturalization Service. Dr. Thomas Salmon, who later directed the pioneer survey of mental hygiene facilities for the National Committee for Mental Hygiene, developed intelligence and performance tests to detect the mentally ill and mentally retarded from the vast number of immigrants who arrived each day (Brand and Sapir, 1964).

The federal government created a division of neurology and psychiatry within the Surgeon General's office after the U. S. entered World War I in 1917. Its responsibilities included 1) examination of new recruits to detect mental disorders which would render them unfit for military service; 2) development of adequate programs and facilities for observation and treatment of soldiers incapacitated by mental disorders; and 3) design and implementation of after-care programs for veterans (Deutsch, 1949, p. 138). This was the initial federal involvement in devising, financing, and supervising treatment programs on a broad scale.

Little was accomplished on the federal level during the 1920's. A Department of Mental Hygiene was created out of the Narcotics Division of the Public Health Service in 1930, after Congress directed that medical and psychiatric care be provided inmates in federal penal and correctional institutions. Under the directorship of Dr. Walter Treadway, the Division brought together what limited federal mental health programs existed (Brand and Sapir, 1964).

Institutions for the mentally ill and mentally retarded declined drastically during the Depression, since state budgets were cut sharply; however, legislation was promulgated which constituted a landmark in federal social welfare programs. The Federal Public Works Administration earmarked $12,000,000 for state hospital construction projects in the fiscal year 1934 (July 1, 1933-June 30, 1934). Unfortunately these were matching funds, 80 per cent of which went to only three states who came up with the requisite 50 per cent share (Deutsch, 1949). The Social Security Act of 1935 constituted a sweeping social welfare program that extended federal government action for the public health through authorization of general health grants to the states (Brand and Sapir, 1964).

These innovative programs were symptomatic of a radical new philosophy about the nature of federal involvement in areas that had traditionally been left to the states. However, state hospital systems continued to deteriorate and this condition was documented by a three-year survey of the nation's state hospitals undertaken by the Public Health Service and the National Mental Hygiene Committee beginning in 1937. Even the published report, which presented a less horrific description than did the confidential reports on individual institutions and states, revealed conditions of neglect and brutality, indicating the low level of standards in the public mental health system immediately before World War II (Deutsch, 1949). Little official action was taken to ameliorate these conditions until the post-war period.

At the time the U. S. entered World War II, there was very little federal preparation for the preservation of good mental hygiene in either the armed forces or the civilian population. In fact, World War II interrupted the development of a federal mental health program, but it did alert the populace about the tremendous toll mental illness cost in terms of the national welfare. Neuropsychiatric disorders caused more medical discharges than did any other disability. Seventeen per cent of American men of draft age were rejected by the Selective Service or received medical discharges due to mental or educational deficiency (Brand and Sapir, 1964). The testimony of Major General Lewis Hershey, Director of the Selective Service System before a Congressional Committee in 1945 about this situation precipitated the nation's interest in a comprehensive mental health program (Deutsch, 1949).

By 1946, Veterans Administration facilities were flooded with psychiatric patients who comprised 60 per cent of the hospitals' residents at a cost of $40,000 plus per veteran. Clearly, the waste of human resources necessitated decisive action.

A National Mental Health Program Emerges

In 1944, Dr. Robert Felix was appointed the Director of the Division of Mental Hygiene. Not long afterward, he sent an "Outline of a Comprehensive Community-Based Mental Health Program" to the Surgeon General; it was this document on which the National Mental Health Act of 1946 was modelled (Brand and Sapir, 1964).

The National Mental Health Act was passed by the Congress and signed into law by the President in July, 1946, and made possible an organized, national broad-scale program for attacking the problem of mental disease. The Act authorized a three-tiered program of research, training, and service activities supported by federal funds, initially to be administered by the Public Health Service (Greenfield, 1955). Dr. Robert Felix was appointed director to facilitate implementation.

Section II of the Act authorized the establishment of a National Institute of Mental Health as part of the Public Health Service. It allocated $7,500,000 for the construction and equipment of a hospital and laboratories to create a research and training center. The Division of Mental Hygiene was responsible for the mental health program until April, 1949, when the National Institute of Mental Health was established as one of the National Institutes of Health (Brand and Sapir, 1964).

A grants-in-aid system was authorized for the development of community clinics and resources throughout the states. Up to $10,000,000 was set aside for this matching program, to be distributed on the basis of two federal dollars for every state dollar. The Act explicitly forbade the dispersal of these funds to pay for the operation of inpatient services in state mental hospitals.

To promote research on nervous and mental disorders, the Act provided for research grants to finance intermural studies, institutional and individual research, and training of research fellows. Training of mental health professionals, including psychiatric social workers, clinical psychologists and psychiatric nurses, was to be provided through federal grants-in-aid (Deutsch, 1949).

The Act also directed that a National Advisory Mental Health Council be instituted to advise Public Health Service on research, training, and community service programs. The Surgeon General appointed six leading figures in the field: Drs. David Levy, William Menninger, John Romano, George Stevenson, Edward Strecker, and Frank Tallman, all doctors and representatives of the medical orientation of the Act (Deutsch, 1949).

Unfortunately, the Act was an empty item, since Congress neglected to appropriate funds to implement the new programs authorized by the Act. Money was so scarce the first year following passage of the Act that it was necessary to obtain a grant from the Greenwood Foundation to convene the National Advisory Mental Health Council. Congress finally appropriated funds in fiscal 1948 (July 1, 1947-June 30, 1948) to begin implementation of new programs.

The grants-in-aid to states to set up community mental health clinics required that a state agency be designated the state mental health authority to administer federal funds. In 1947, only one-half of the states had existing community mental health clinics; because of the incentive measures offered by the National Mental Health Act, fifty-one states and territories had developed preventive mental hygiene programs by 1951. The trend on the state level has been toward specialized administration of mental health services. Psychiatrists have been at the forefront of this effort and have endeavored to take mental health programs out of Health or Welfare Departments.

The grants-in-aid to states began in fiscal year 1948 when $3,000,000 was appropriated for distribution to the states. Most of the funds in the early years after the passage of the Act were used to establish or enlarge outpatient community mental health clinics. Emphasis was laid on the public health approach; it was urged that preventive services be considered an important adjunct of clinical programs, including consultation with non-psychiatric agencies and groups and mental health education. While grants-in-aid to states did not increase as rapidly as some other NIMH grants, appropriations for state grants had grown to $6,750,000 by 1961 (Brand and Sapir, 1964).

The basic authorization for the NIMH program outlined by the National Mental Health Study Act of 1946 was extended by three major acts: the Mental Health Study Act of 1955, the Health Amendments Act of 1956, and the Community Mental Health Centers Act of 1963.

The Mental Health Study Act of 1955 announced as its purpose "an objective, thorough, nationwide analysis and re-evaluation of the human and economic problems of mental illness (Public Law 82, 84th Congress)." This charge was carried out by the Joint Commission on Mental Illness and Health which conducted an important study completed in 1961 and submitted to Congress in a report entitled, *Action for Mental Health*. This report was relied upon by President Kennedy in developing his National Mental Health Program, enacted into legislation as the Community Mental Health Centers Act of 1963 (Brand and Sapir, 1964).

In 1956, Congress enacted legislaion authorizing a competitive grant program for pilot projects, demonstrations, applied research and evaluative studies to permit continuing emphasis on the prompt, effective implementation of programs for care, treatment and rehabilitation of the mentally ill, and the improvement of methods for operating institutions on the basis of research findings. The Health Amendments Act of 1956 (Public Law 911, 84th Congress) established the Mental Health Project grants program, the first competitive demonstration grant program in the Public Health Service (Title V, Public Law 911, 84th Congress). The Title V program has supported a wide range of community mental health services, e.g., halfway houses, day care and after-care. Since 1958, the first year of operation, more than 1000 projects have been supported on awards of more than $40,000,000.

Congress voted an appropriation of $6,000,000 in fiscal year 1964 as part of the Title V program to give a push to the Hospital Improvement Projects program. The HIP grants program was promulgated in 1961, and involves incentive grants to state mental hospitals for the development of experimental procedures to aid in the transformation of public mental institutions from custodial to treatment facilities (Brand and Sapir, 1964). This is one of the few sources of federal funding for which state mental hospitals can qualify, because the thrust of federal funding has been to encourage the expansion of community mental health services.

The Community Mental Health Centers Act of 1963 constituted a massive federal commitment to the growth of community mental health facilities in the United States (Title II, Public Law 88-164, 88th Congress). Congress initially authorized $150,000,000 over the first three years after the passage of the Act to finance the construction of public and other non-profit community mental health centers. Appropriations were to be alloted to states on a matching basis, with need and population to be a consideration. The Act intended that a complete range of mental health services would be available at the local level, "... easily accessible, comprehensive, continuous and coordinated" with a focus on the preventive ideal (NIMH, 1965).

The philosophy evinced by the Community Mental Health Centers Act of 1963 is laudable, but in the ten years since its passage, its impact has been uneven. A 1972 investigative study revealed that, in general, community mental health centers had not provided adequate treatment to the segments of the population most in need of such services, children and the poor (Chu and Trotter, 1972). There is still a critical shortage of mental health services for children in all areas — diagnostic, treatment, consultative and special education services. Studies indicate that emotionally disturbed children from poor families are often perceived as untreatable by psychiatrists (Joint Commission on Mental Health of Children, 1969).

Moreover, lower class people are less likely to receive intensive psychiatric treatment because of its high expense and long duration. Rather, they are more likely to be treated by inexperienced therapists and more often are labeled psychotic or near psychotic (Chu and Trotter, 1972) thus leading to involuntary commitment to a residential institution.

NIMH has reported that commitment rates of children to residential facilities have increased at a more rapid rate than have their numbers in the overall population. For example, between 1950 and 1965 boys aged ten-fourteen years doubled in population, while their numbers in mental hospitals increased six times — this at a time when resident patient rates were declining (NIMH, 1965). In 1966, more than 27,000 children under eighteen were patients in state and county mental hospitals. Few of these hospitals had therapeutic or education programs designed for children; in fact, the usual practice was to place children on the same wards as adult patients, some of whom were in advanced stages of mental deterioration. Another large group of children were labeled delinquent or mentally retarded and placed in institutions where they receive no treatment or education (Joint Commission on Mental Health of Children, 1969).

VII. CONCLUSION

Despite the vast improvements in treatment of the mentally ill and retarded in the United States, there is still a lot of work to do before it can truly be said that the United States has a truly enlightened mental health system. Recently, the legal profession has joined the fray in initiating right to treatment suits on behalf of residents of state institutions for the mentally ill and mentally retarded and right to education suits on behalf of mentally ill and retarded and physically handicapped children excluded from public schools. These law suits are valuable for raising public awareness of these issues and perhaps as a spur to legislation. However, other reform movements have had the effect of improving conditions for a limited time until attention turned elsewhere.

Most of the mentally ill and mentally retarded can benefit from treatment in the community more than from treatment in an institutional setting where it is easy for the public to forget them. A concerted effort to empty institutions coupled with an increase in community services should be made. In addition, the federal government should provide for increased monitoring procedures to ensure that states and communities put federal funds for mental health programs to proper use.

In order to develop the potential of the nation's children there must be an even greater effort to optimize the mental health of the young through a unified national commitment.

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STATUTES AND CASES OF INTEREST

43rd Elizabeth, c. 2

13th and 14th Charles II, c. 12

1868, the North Carolina Constitution, Article XI, Section 10.

Michigan Laws of 1877, Public Act No. 194, Sections 23, 26 & 34.

New York State Care Act of 1890

New York State Care Act of 1895

The Social Security Act of 1935

Public Law 82, 84th Congress

Title V, Public Law 911, 84th Congress

Title II, Public Law 88-164, 88th Congress.

THE TREATMENT OF DEVIANCE BY THE MENTAL HEALTH SYSTEM: STRUCTURE

by

Mark Sagor

I. IDEOLOGY

The entity encompassed by general usage of the term "mental health system" is wide-ranging. It includes a network of people, buildings, ideas, and services under public and private auspices.* The professional employees of the mental health system are trained in the traditions, roles, and functions of medicine, psychiatry, public health, psychology, social work and nursing. The non-professional employees have less standardized backgrounds and perform a myriad of services. The clients of the mental health system enter it, both voluntarily and involuntarily, for a variety of reasons. The physical structures of the system include hospitals, residential treatment centers, child guidance clinics, classrooms, laboratories, and administrative offices. The ideas represented span various, often contradictory, conceptions of value, health, ethics, social organization, and psychopathology. Mental health services include different types of individual and group treatment, diagnosis, environmental manipulation, therapeutic and custodial living provisions, and educational missions.

The operational and structural complexity of the mental health system is matched by a discouraging lack of definition and conceptual consensus in mental health dialogue. There is not even much agreement about what constitutes mental health or mental illness. The literature pertaining to mental health concepts and services seems akin to the familiar phenomenon of witnesses to an accident offering different accounts of the incident. From the assortment of vantage points within and without the system the phenomenon of mental health can be perceived in quite different ways, described with diverse vocabularies, and impel various actions.

While the complexity alluded to here may be characteristic of all human-service systems of this size, the mental health system may be the most difficult to understand because it is the newest. Our society was tending to the education of children and dealing with poverty, law-breaking, and sinfulness long before the words "mental illness" entered the common vocabulary. Certainly the existence of children now called mentally ill or emotionally disturbed preceded the development of this terminology. However, prior to the present century there are no "treatment" records which include the feelings, aspirations, and frustrations of children. These are relatively new conceptions. According to Louise Despert:

> Children affected with what we would describe today as neurotic and psychotic illness were variously labeled through the ages as "possessed," "wicked," "guilty," "insubordinate," "incorrigible," "unstable," "maladjusted," and "problem children," roughly in this order. Close as they are to use, the last three epithets do not reveal any empathy for the child. Rather they put on him the onus of guilt and accusation of his having failed society (1965, p. 12).

The author of the first textbook on child psychiatry published in the United States (1935), Leo Kanner, has stated that "the concept of child psychiatry as a distinct specialty did not arise — and could not have arisen — before the twentieth century (quoted in Joint Information Service, 1972, p. 11)."

The phenomenon of conceptualizing certain types of behavioral deviance in children as an illness of the mind or emotions, and of focusing the societal response to the deviance partially on the feelings, aspirations, and frustrations of the child is the cornerstone of mental health ideology. (Ideology, as used here may be defined as "a systematic scheme or coordinated body of ideas or concepts, especially about human life or culture.")

The final report of the Joint Commission of Mental Illness and Health (1960) states that the "therapeutics of mental illness stand on two rational pedestals, one social and one medical: humanitarianism and science (p. 28)." Humanitarianism has been one of the stable referents in mental health ideology. The forerunners of the contemporary mental health movement struggled to remove the mentally ill from degrading and brutal facilities in the nineteenth century. At the beginning of this century, child guidance clinics were organized in response, partially, to the severe punishment policies of the court system. This tradition has nurtured the viewpoint that "the history of psychiatry is essentially the history of humanism (Yolles, 1969, p. 3)." From this perspective the mental health movement can be conceived as a struggle for social and scientific validation of humanistic principles, rather than in terms of the outcomes of specific therapeutic projects. Historically, this attitude has been essential to the survival of the movement. In the absence of evidence supporting the efficacy of mental health concepts and practice, the rhetorical emphasis has been on principles, values, potential, and long-range goals. Despite the frequently tenuous connection between specific policies and the attainment of stated goals, the mental health system has continued to grow and expand its sphere of influence, particularly in the past 25 years. Some of the system's growth can be attributed to the strength and attraction of its ideology.

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*This paper treats only the public system.

This development has been facilitated by the parallel growth of a population schooled in and attracted to the principles of humanism, particularly with respect to their own children. If a child has to be "sent away" because of his or her deviant behavior, parents favor entrusting the child to a system which is ideologically committed to the development of human potential and individual aspirations (mental health), rather than to a system whose operational imperatives are the necessities and protection of the body politic (legal-correctional system). Whether or not this dichotomy is actual as some insist, or a polite fiction as others suggest, the mental health system advertises its ideological commitment as an advocate for the individual.

In fact, this latent ideological content was made manifest in the Report of the Joint Commission on the Mental Health of Children (1969). Their first recommendation was for a comprehensive child advocacy system.* A few quotations from this report illustrate the tone and commitment to which we have made reference.

> Our words are made meaningless by our actions — by our lack of national, community, and personal investment maintaining the healthy development of our young by our tendency to rely on a proliferation of simple, one-factor, short-term and inexpensive remedies and services. As a tragic consequence, we have in our midst millions of ill-fed, ill-housed, ill-educated, and disconnected youngsters and almost 10,000,000 under age twenty-five who are in need of help from mental health workers (p. 2).
>
> The discontent, apathy, and violence today are a warning that society has not assumed its responsibility to ensure an environment which will provide optimum care for its children (p. 2).
>
> We believe that lives which are uprooted, thwarted, and denied growth of their inherent capacities are mentally unhealthy, as are those determined by rigidity, conformity, deprivation, impulsivity, and hostility (p. 3).
>
> From all of its studies, the Commission concludes that it is an undeniable fact that there is not a single community in this country which presents an acceptable standard of service for its mentally ill children, running a spectrum from early therapeutic intervention to social restoration in the home, in the school, and in the community (pp. 6-7).

Reports of this nature are written to arouse action and consequently tend to be overstatements of the justice and importance of the cause (in this case, mental health) and perfidy or strength of the opposition (in this case, apathy, ignorance, and insufficient funds). Clearly, however, these statements reflect a profound belief in the capacity of mental health machinery to handle awesome problems. The tradition of pricking the public conscience, developed over the past 100 years, is very much in evidence. This mission has been a primary task for a system which has had to struggle for credibility and acceptance: to impress upon the public that, in terms of individual and social development, mental health services are more a necessity than a luxury.

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*Whereas the [illegible] is not an official product of the mental health system, it is a [illegible] of many individuals involved in the [illegible].

It is ironic that the medical model of behavioral deviance, which initially complemented the humanistic component of mental health ideology, by providing a rational explanation for deviance which deemphasized the guilt or sinfulness of the actor, is now under attack on humanistic grounds. Before considering these criticisms, however, the model will be described.

The scientific pedestal, mentioned earlier as one of the bases of modern therapeutics, consists of a methodology and set of assuptions which have become known as the medical or disease model of mental illness. The primary assumption, that mental illness can be cured or prevented just like any other health problem, is at once the most influential and controversial component of mental health ideology.

The medical model consists of "attitudes, hypotheses, and expectations . . . derived from the premise of an analogy between psychological disorder and physical illness (Turner and Cumming, 1967, pp. 41-42)." The model anticipates the discovery of specific pathogenic agents for the various mental disorders. Disturbed behavior is considered symptomatic of an underlying pathogenic source, either physiological or psychological, which must be treated. The hegemony of the medical model in mental health practice and planning is the result of several factors, some of which have been described by Albee (1967).

1. The rise of science, the logical and programmatic successes of taxonomy and of disease classification, and the widespread replacement of superstitious religion with scientific rationalism combined to make the disease model, and efforts at nosology, seem proper and progressive when applied to the insane.

2. The disease model received wide acceptance due to the phenomenal success of medicine and its basic sciences in uncovering the unseen world of microbiology and the elaboration and successful application of the germ theory of disease. In the field of biological research, one disease after another yielded to the persistence of scientific investigation.

3. The disease model has persisted because it supports the chronic social inclination to write off current victims of severe emotional disorder as Lost Ones.

4. If mental disorder is indeed a disease, then funds can be spent in good conscience for research seeking the neurological, biological, and chemical causes and society can convince itself that it is doing its best to eliminate mental disease. If, on the other hand, mental disorder is eventually acknowledged to be largely social and cultural in origin, the consequences for action will be very serious if not downright dangerous, to the status quo.

5. The absence of viable alternative explanations of mental disorder (pp. 69-70).

We would include the following factors:

6. The political influence of the medical profession and its status within the mental health network.

7. The efficacy of certain medications in reducing some forms of disordered behavior and in reproducing disordered behavior (LSD, amphetamines, etc.).

8. Research which suggests (but has not unequivocally established) that some of the more serious mental disorders are genetically determined.

On the other side of the question, the medical model has been subjected to unrelenting criticism, in some quarters, for the past several years. The critics point out that the techniques derived from this model have not been empirically validated, and application of the model has not led to a reduction of the incidence or prevalence of mental disorder. It has also been pointed out that the model requires a treatment approach for which there will never be sufficient manpower.

In addition to calling attention to the practical deficiencies of the medical model, critics have dealt extensively with ethical and moral issues arising from its use. Many, most notably Szasz (1970), have argued that the model consists of value statements masquerading as scientific statements. Others have pointed out the iatrogenic effects and stigma inherent in labeling persons as sick. Another criticism has been that, with its emphasis on diseased individuals, the model obfuscates the real problems of inadequate housing, poverty, hunger, unemployment, alienation, etc.

The most recent additions to mental health ideology are the concepts of community psychiatry; in the early 1960's when ideological enthusiasm was at its peak, the community mental health movement was being identified, by eminent advocates of the movement, with a third revolution in the history of psychiatry. According to this view, the first revolution marked the triumph of reason and compassion over demonology in the eighteenth century and led to the search for causes and treatments of mental illness. The second phase resulted from the insights achieved by Freud and his attendent development of the first rational and comprehensive psychiatric treatment method, psychoanalysis. The third revolution was embodied in community psychiatry which "can best be defined as the resolve to view the individual's psychiatric problems within the frame of reference of the community and *vice versa* (Connery, 1967, p. 474)."

Whatever community psychiatry and community mental health have since come to mean, it is clear from the legislative history of the Community Mental Health Centers Act of 1963, that Congress was given a definition that promised nothing less than a revolution in mental health care. Specifically, "the CMHC was presented to Congress as a facility capable of supplanting the state mental hospital, and intended to do so (Joint Information Service, 1969, p. 11)."

During the 1963 Congressional hearings, Anthony Celebrezze, then Secretary of HEW told the House Committee:

> It is clear that huge custodial institutions are not suited for the treatment of mental illness. Therefore the national program for mental health is centered on a wholly new emphasis and approach care and treatment of most mentally ill persons in their own home communities. Our state hospitals will still have a major role to play *during a period of transition* [emphasis added] (Joint Information Service, 1969, p. 10)

The attractive ideology of community mental health was influential in developing public and institutional enthusiasm for expanded federal involvement in the area of mental health. However attractive the goal, the task of reversing the historical trend toward the operation of mental health services on the state level and returning the function to the local community seems to be unfeasible at the present time. As Mechanic (1969, p. 43) put it:

> The CMH movement has depended more on an ideological thrust than on evidence supporting the feasibility and effectiveness of using available mental health resources in community programs. Mental health politics being what they are, mental health workers had to take what they could get when they could get it. But it would be a tragic mistake if the CMH movement came to believe its own rhetoric and substituted such propaganda for detailed investigation of the effectiveness of alternative systems of delivering mental health care.

In summary, we would ascribe the following beliefs to mental health ideology:

1. That mental illness, like physical illness, can be identified, diagnosed, treated, and cured;
2. That all problems of living which affect mental well-being are the proper concern of the mental health system;
3. That the mental health approach to the problem of deviant behavior is the most humane and scientific approach available;
4. That the treatment and prevention of mental illness should move beyond the clinic and hospital to the community at large.

It is not our contention that all persons involved in the operation of the mental health system share these beliefs. It is suggested that these beliefs have encouraged much of the activity in the mental health area, and that persons who share these beliefs share a mental health ideology.

II. TARGET POPULATION

Background Issues

The primary practical obstacle to making a complete statement concerning the nature and scope of the mental health system's target population is the elastic quality indigenous to most definitions of mental illness and health. The Joint Commission on the Mental Health of Children formulated the following definition to describe emotional disturbance in children:

> An emotionally disturbed child is one whose progressive personality development is interfered with or arrested by a variety of factors so that he shows impairment in the capacity expected of him for his age and endowment: 1) for reasonably accurate perception of the world around him; 2) for impulse control; 3) for statisfying and satisfactory relations with others; 4) for learning; 5) for any combination of these (Joint Commission, 1969, p. 253).

The definitional perimeter remains vague insofar as there is little professional or lay consensus regarding the "capacity expected" of children in their demonstration of prescribed (mentally healthy) perceptions, satisfactions, controls, and learnings. As Jahoda noted in the widely circulated monograph "Current Concepts of Positive Mental Health:"

> There is hardly a term in current psychological thought as vague, elusive, and ambiguous as the term "mental health." That it means many things to many people is bad enough. That many people use it without even attempting to specify the idiosyncratic meaning the term has for them makes the situation worse, both for those who wish to promote mental health and for those who wish to introduce concern with mental health into systematic psychological theory and research (1958, p. 3).

The situation is no better with respect to definitions of mental illness. William Ryan's study of mental illness in Boston provides an example of the breadth definitions in the mental health field may assume. His formulation included those who have:

> ... emotional problems that interfere in their lives, handicapping them in their work, in their social relationships and in dealing with members of their own families. These problems range from being nervous and making mistakes when the boss looks over their shoulder all the way to believing that the communists are putting bad thoughts in one's mind with atomic machines (Ryan, 1965, pp. 6-7).

The epistemological and moral dilemmas posed, in the absence of consensually or logically verified definitions of mental health and mental illness, are awesome. In effect, the mental health system is charged with the social responsibility for curing a disease (mental illness) whose very existence as a clinical entity is in doubt, and for promoting an idealized personality (mental health) which is neither fully comprehended nor commonly agreed upon. Clearly the issues implicit in these definitional difficulties are relevant far beyond the confines of the mental health system. Basic questions concerning individual rights, governmental authority,, common values and international insanity are debated within the psychiatric arena (Szasz (1970), Laing (1967) and Menninger (1969)). Consider the following statement by R. D. Laing, a widely read British psychiatrist:

> We are all murderers and prostitutes no matter what culture, society, class, nation we belong to, no matter how normal, moral, or mature we take ourselves to be.
>
> Humanity is estranged from its authentic possibilities. This basic vision prevents us from taking any unequivocal view of the sanity of common sense, or of the madness of the so-called madman.
>
> At all events, we are bemused and crazed creatures, strangers to our true selves, to one another, and to the spiritual and material world ... mad, even from an ideal standpoint we can glimpse but not adopt (Laing, 1967, p. 1213).

Laing's position is not, as is commonly supposed, discontinuous with the major body of psychiatric theory. Freud, from his work with people who enjoyed social and economic status and did not require hospitalization, developed a theory in which it is axiomatic that human beings are typically withered and distorted fragments of their human potential. If Laing is more shrill and cataclysmic in his pronouncements, it is also true that the world has assumed more of this tone in the wake of technological change, nuclear explosions, and the notorious lessons of leaders like Stalin and Hitler.

On one extreme of the continuum of opinion regarding mental illness is the view that madness is a legitimate and phenomenologically comprehensible adjustment to modern reality. Furthermore, theories that treat madness as an aberration or sickness are viewed as harmful, misdirected and politically inspired efforts which further degrade the status of individuals in an increasingly collectivized and centrally controlled world. In the middle-range of the continuum, definitional problems and competing values are recognized as serious obstacles, but a faith in the eventual triumph of scientific objectivity and social compassion is held out as the antidote. On the other extreme is the idea that sanity or insanity is empirically evident in the adjustments individuals make to a particular, and largely unquestioned, *status quo*.

Mainstream thought within the mental health system falls, not surprisingly, somewhere between the extremes of this hypothetical continuum. A balance is sought between individual needs and social demands, between respect for the integrity of individuals and for the integrity of society. The desire to do *something* for those people who appear most distressed preempts concern over the more generic epistemological and moral dilemmas in the daily operation of mental health services. When all is said and done, mental health planners are primarily seeking ways to do more of what they are already doing, for less money and greater effect, despite the criticism that, given the unsound conceptual and social bases of the mental health system, this means more theoretical delusion and human suffering.

Client Categories: Emotionally Disturbed Children

The Joint Commission on Mental Health of Children (1969) estimated that 0.6 per cent of children in the general population are psychotic, another two to three per cent are severely disturbed, and an additional eight to ten per cent have emotional problems (neuroses, etc.) which require help (p. 253).

The National Institute of Mental Health (NIMH) estimates that there are 1,400,000 children under eighteen who need immediate psychiatric care and that the figure swells to 10,000,000 if one is considering the under 25 population (Joint Commission, 1969, p. 254). While estimates vary as to the number of mentally ill children in the United States, most planning efforts are based on a ten per cent figure. Of this group, it is estimated that five to seven per cent are receiving professional mental health care. The best available data indicate that approximately 500,000 children are currently being served by private and public mental health facilities (Joint Commission, 1969, p. 254).

The behavioral complexity involved in mental disorders is as various and idiosyncratic as behavior itself. However, at least two major categories of disturbance have been identified: neuroses and psychoses.

> Neuroses are emotional maladaptations due to unresolved unconscious conflicts. Psychoses are severe emotional illnesses in which there is a departure from normal patterns of thinking, feeling, or acting. A certain degree of personality disorganization appears in the neuroses, and it is more extensive in the psychoses, but, in fact, the intrapsychic forces at work are the ones by which everyone is in some way affected. Every person is subject to anxiety, and at times to distortive and even primitive thinking. Each has available to him the same range of behavioral reactions, and it is now believed that anxiety lies at the core of most emotional disorders (Braceland and Stock, 1963, p. 90).

The American Psychiatric Association has divided mental and emotional disorders into three general types:

1. Disorders associated with impairment of brain tissue functions,

2. mental deficiencies, primarily of familial origin and existing since birth;
3. disorders of psychogenic origin without clearly defined physical cause of structural change in the brain (APA, 1965, p. 93).

The Joint Commission on Mental Health of Children formulated five major categories of emotional and mental disorders in terms of their origins:

1. faulty training and faulty life experiences;
2. surface conflicts between children and parents which arise from such adjustment tasks as relations among siblings, school, social, and sexual adjustment;
3. deeper conflicts within the child (these are the so-called neuroses);
4. difficulties associated with physical handicaps and disorders;
5. difficulties associated with severe emotional disorders, such as the psychoses (Joint Commission, 1969, p. 251).

The Committee on Child Psychiatry of the Group for the Advancement of Psychiatry (1967) proposes a classification system which is divided into the following main categories: healthy responses, reaction disorders, developmental deviations, psycho-neurotic disorders, personality disorders, psychotic disorders, psychophysiologic disorders, brain-damage syndromes, mental retardation and other disorders.

In response to the labeling issues being raised in academic dialogues and in court cases, the mental health system is moving away from affixing traditional psychiatric labels to children. The emphasis in terminology is beginning to reflect the notion that mental problems can be transient, and can occur in relation to a particular situation or developmental period. Hence, the following types of diagnostic labels are becoming more prevalent in the mental health system's record-keeping: adjustment reactions of childhood, hyperkinetic reactions of childhood, maturational difficulties, or situational disorders.

In fact, diagnosis has been the focus of much of the mental health system's activity, and the controversy arising from the use of this procedure is vital to understanding the dialectical forces at work within psychiatry and the mental health system. The opposing points of view on this subject, articulated by eminent psychiatrists, are presented below:

> Psychiatrists talk in public as if we all agreed about basic principles and about the meaning of our pompous fraternity jargon. Of course we don't. I think we ought to disregard all our obscurantist, pejorative designations just as cultured people have discarded words that once had a specific meaning but which now connote an attitude rather than merely disclosing a fact. It used to be proper, at least in some circles, to refer to some of our fellow citizens as "niggers." And it used to be proper to refer to some individuals as "psychotics" and "schizophrenics." All such name calling should be stopped (Menninger, 1969, p. 19).

> Some psychiatrists have stated that certain diagnoses should not be made because they may lead to unfortunate attitudes toward the patient. Should the internist have been told three decades ago that he ought not to make a diagnosis of sub-acute bacterial endocarditis because of its then invariably fatal outcome? Could he ever have arrived at its cure had he not diagnosed it?

> Some psychiatric schools even state that, since every patient is completely unique, no diagnostic scheme is possible. This accompanies the refrain that diagnosis harms the patient by violating his individuality and by preventing the proper therapy for his unique difficulty. Such statements betray a misapprehension of the ordinary processes of thought, of the construction of language, of logic and of the scientific method. Such a conception of the clinical method presupposes that the clinician can wipe his

> mind clean of all prior experience and approach each patient without making comparison either with previous patients or with the literature. This is obviously impossible. Were it attempted, the clinician would deprive his patient of the experience he and others have so laboriously gathered over the centuries (Pasamanick, 1968, p. 36).

Behaviors typical of children who enter the mental health system (without respect to diagnostic categories, since these are overlapping) include: extreme fears; continuing rituals carried out compulsively; deep emotional depression; severe shyness . . . withdrawal from people and the environment; compulsive manipulation of body parts; tantrums; lying and destructiveness; sexual deviation (perversion, confusion, unusual interest); hyperactivity; learning difficulties; impulsiveness; passivity; explosive behavior; overly inhibited behavior; stubbornness; self-centeredness; or sensitivity to criticism. Essentially, this is a partial list of behaviors which could precipitate a referral to the mental health system.

Table 1 summarizes the most recent data available concerning the distribution by age and sex of the population in publicly supported psychiatric inpatient children's units.*

TABLE 1. DISTRIBUTION BY AGE AND SEX OF THE POPULATION IN PUBLICLY SUPPORTED PSYCHIATRIC INPATIENT CHILDREN'S UNITS

AGE	MALES		FEMALES	
	%	NUMBER	%	NUMBER
Infants under 2 years	0.6	20	0.5	11
Pre-school, 2-5	6.5	220	4.4	66
Primary school children, 6-11	44.8	1,515	31.8	472
Young Adolescents, 12-15	37.7	1,275	46.3	687
Late Adolescents, 16-20	9.9	335	16.8	250
Adults, 21 and over	0.5	18		
	100%	3,383	100%	1,486

(Adapted from: *A Census of Children's Residential Institutions in the U. S., Puerto Rico, and The Virgin Islands (1966)*, Vol 5, Table 17, pp. 22-23, 1970).

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*The psychiatric inpatient children's units described here are those in which children live separately from adults. The tables do not include places in which adults and children were mixed residentially, even though there may have been separate children's services for purposes of treatment. Thus the full range of psychiatric inpatient care of children is by no means covered.

Table 2 summarizes the same information for children in institutions for emotionally disturbed children.

TABLE 2. DISTRIBUTION BY AGE AND SEX OF THE POPULATION IN INSTITUTIONS FOR EMOTIONALLY DISTURBED CHILDREN

AGE	MALES		FEMALES	
	%	NUMBER	%	NUMBER
Infants under 2 years				
Preschool: 2-5	1	3	.2	1
Primary school children 6-11	15.9	391	23.5	96
Young Adolescents, 12-15	24.1	591	25.9	106
Late Adolescents, 16-20	59.1	1,467	50.4	206
Adults: 21 and over				

(Adapted from: *A Census of Children's Residential Institutions in the U. S., Puerto Rico, and The Virgin Islands, (1966)*, V p. 4, 1970)

Table 3 roughly categorizes children in publicly supported psychiatric inpatient units according to the level of emotional disturbance of disordered behavior, while Table 4 presents the same data for children in institutions for the emotionally disturbed.

TABLE 3. CHILDREN IN PUBLICLY SUPPORTED INPATIENT CHILDREN'S UNITS

LEVEL OF DISTURBANCE	CHILDREN	
	%	Number
Some degree of emotional disturbance or behavior problems	97.8	5,526
Severe	59.4	3,358
Moderate	32.0	1,809
Mild	6.4	359
No apparent emotional disturbance or behavior problems	2.2	125

(Adapted from: *Census of Children's Residential Institutions in the U. S., Puerto Rico, and the Virgin Islands (1966)*, 1970 Vol. 5, Table 20, p. 26)

The latest statistics available (1967) indicate that children, proportional to their numbers in the general population, were slightly overserved in outpatient clinics, but considerably underserved by inpatient services.

TABLE 4. CHILDREN IN INSTITUTIONS FOR EMOTIONALLY DISTURBED CHILDREN

LEVEL OF DISTURBANCE	CHILDREN	
	%	NUMBER
Some degree of emotional disturbance or behavior problems	96.6	2,790
Severe	32.3	933
Moderate	46.3	1,338
Mild	18.0	519
No particular emotional disturbance or behavior problem	3.4	98

(Adapted from: *Census of Children's Residential Institutions in the U. S., Puerto Rico, and The Virgin Islands (1966)*, 1970, Vol. 5, Table 21, p. 27)

1. 1,561 outpatient clinics terminated 192,400 patients that year who were 19 and under, representing 41.6% of the total number terminated; during that year those 19 and under represented 39.3% of total population.

2. Among first admissions to reporting state and county medical hospitals in that year, there were 18,234 patients 19 and under, representing 11.9% of all first admissions.

3. Among discharges from 903 reporting general hospital psychiatric units and services there were 36,662 patients who were 19 and under, representing 9.6% of the total (Joint Information Service, 1972, p. 20).

With respect to outpatient clinics, children between the ages of ten and fourteen have the highest rate of utilization. After the age of sixteen the rate decreases for boys while the rate for girls continues to increase. The data, and some of the data previously presented, may be partially explained by the facts that boys have a higher school dropout rate and that girls are generally found to have a higher incidence of anxiety and depression in the later adolescent years.

Mental Retardation

Children whose primary problem is mental retardation are not generally accepted into day or residential treatment programs with emotionally disturbed children. They are, when handled by the mental health system, placed in institutions specifically for the retarded. These are generally state-run facilities drawing their population from large geographic areas, and the trend in many states is running toward depopulating these institutions. It is now felt that local communities (school systems in particular) can best meet the social and educational needs of educable and trainable retardates. Eventually the involvement of the mental health system with retarded children may be primarily limited to research, consultation, and custodial care for the most seriously afflicted.

In Michigan, for example, legislation was recently passed which compels school districts to provide services for many mentally retarded children who were formerly placed in mental health facilities. At the present time, the majority of contacts between the CMHC's in Michigan and the retarded entail consultation concerning infants and pre-school children. Hospitals notify the mental health center when a retarded child is born, so that center personnel may have an opportunity to devise a plan for the child; this plan usually does not involve, as it often did in the past, automatic hospitalization. A similar arrangement has been effected with the juvenile court system to divert the flow to state operated institutions.

Kanner has defined two classes of mentally deficient persons, and though it is formulated in terms of adult status, his definition makes a distinction useful to a consideration of the mental health system's service relationship to the retarded:

> 1. The one type consists of individuals so markedly deficient in their cognitive, emotional, and constructively conative potentialities that they would stand out as defectives in any existing culture. They would be equally helpless and ill-adapted in a society of savants and in a society of savages. They are not only deficient intellectually but deficient in every sphere of mentation.
>
> 2. The other type is made up of individuals whose limitations are definitely related to the standards of the particular culture which surrounds them. In less complex, less intellectually centered societies they would have no trouble in attaining and retaining equality of realizable ambitions. Some might even be capable of gaining superiority by virtue of assets other than those measured by the intelligence tests. But in our midst their shortcomings, which would remain unrecognized and therefore nonexistent in the awareness of a more primitive cultural body, appear as soon as scholastic curricula demand competition in spelling, history, geography, long division, and other preparations deemed essential for the tasks of feeding chickens, collecting garbage, and wrapping bundles in a department store (L. Kanner, 1957, pp. 70-71).

TABLE 5. AMERICAN ASSOCIATION OF MENTAL DEFICIENCY STANDARD DEVIATION RANGES ACCORDING TO MEASURED INTELLIGENCE LEVELS

Word Description of Retardation	**Level of Deviation of Measured Intelligence**	**Corresponding range in IQ Scores for Tests with Standard Deviation of**	
		15 (Wechsler)	16 (Binet)
Borderline	-1	70-84	68-83
Mild	-2	55-69	52-67
Moderate	-3	40-54	36-51
Severe	-4	25-39	20-35
Profound	-5	under 25	under 20

(Adapted from: Robinson and Robinson, 1965, p. 50)

TABLE 6. ESTIMATED DISTRIBUTION OF RETARDATES IN THE UNITED STATES BY AGE AND DEGREE OF RETARDATION

Degree of Retardation	All Ages		Age by Years	
	Number	%	Under 20	20 and over
Total	6,000,000	100.0	2,454,000	3,546,000
Mild	5,340,000	89.0	2,136,000	3,204,000
Moderate	360,000	6.0	154,000	206,000
Severe	210,000	3.5	105,000	105,000
Profound	90,000	1.5	52,000	37,100

(Adapted from *Health, Education, and Welfare Pamphlet*, 1972, based on 1963 data, p. 2)

The target population of the mental health system with respect to mentally retarded children is predominantly of the first type, and the direction the system is taking suggests the possibility of further disengagement from providing direct services to the second type. Most of the definitional and labeling issues in the mental retardation field have reference to the less severe disorders, and since this group is not served primarily by the mental health system we will not discuss them here, except to say that these issues were a significant factor in the reversal of mental health policy in relation to the use of state mental health facilities for the care of educable and trainable mentally retarded. More specifically, mental retardation is generally divided into five categories, according to the individual's performance on standardized tests: the greater the negative deviation from the mean score of a given population, the more serious the impairment. Table 5 presents the commonly used word descriptions of retardation and concomitant levels of test deviation. According to this terminology the mental health system is oriented toward service to the severely and profoundly retarded. This represents a small fraction of the total population of retarded persons, as shown in Table 6. At the present time, of an estimated population of six million retarded persons in the United States, approximately 200,000 are residents of state institutions for the retarded (Health, Education, and Welfare, 1972, p. 1).

Other Target Populations

A large number of referrals to community mental health centers, particularly adolescents, are not labeled as either mentally ill, emotionally disturbed or mentally retarded. Some have problems with school, ranging from minor disruptive behavior to truancy, theft, drug use, or destructive behavior necessitating either suspension or referral to the facility. Drug abuse programs are becoming a feature of community mental health centers; they are in a sense competing with the educational system and legal-correctional system for funds and statutory authority in this relatively new, and highly publicized area.

III. PERSONNEL

The principal thing one can say about mental health manpower is that the demand exceeds the supply. Several factors combine to account for a manpower shortage which threatens the feasibility of any effort to improve the delivery system for mental health services. The demand for mental health personnel swelled as federal and state governments increased their involvement in social services. Modern government's involvement in the area, in turn, is one manifestation of developing public expectations and demands for mental health services, particularly among the middle classes. The stigma once attached to psychiatric services is eroding among many elements of the population due, in part, to the "pro-mental health" information campaign waged by both public and private organizations. In fact, through association with psychoanalysis, once available only to the affluent, psychiatric care has acquired an element of prestige. As more people came to interpret their problems and suffering in terms of psychological stress, the clergy lost its hegemony in the mission of relieving distress to the mental health professional. The supply of mental health personnel, on the other hand, is limited by licensing and certification procedures which protect the monopoly that particular professional groups gained over therapeutic functions. Following the model established in psychiatry with the American Board of Psychiatry and Neurology (established in 1934), clinical psychologists and social workers developed certifying bodies (The American Board of Examiners in Professional Psychology (1947) and the Academy of Certified Social Workers (1966)) and lobbied for state licensing laws through their professional associations.

The favored conceptual and role models of psychotherapists have further exacerbated the manpower situation.

> The paradigm of status in the mental health professions is the psychoanalyst . . . . Individual work with patients in private practice has become the symbol of status in psychiatry, psychology, social work, and even psychiatric nursing (Berlin, 1971, p. 149).

Despite the fact that psychotherapy, formerly the exclusive domain of psychiatry, is now conducted by psychologists and social workers, it has been estimated that if all the trained therapists spent all their working hours with individual patients, they would still reach only ten per cent of the population who need help for emotional disorders (Connery, 1967). Given the prestige connected with conducting therapy, professionals trained in this technique are likely to employ it even if, from the perspective of national planners, it is an unsatisfactory utilization of manpower.

Expensive and lengthy training procedures have limited the number of people who can be trained in professional roles. Psychiatrists have to complete seven or eight years of schooling beyond high school and spend four to six years in supervised work settings before they are eligible for certification. The primary model in psychology is the doctorally trained person, although almost fifty per cent of the psychologists in mental health establishments have less than a Ph.D. (NIMH, 1965). Social workers may have either a master's degree (MSW) from graduate schools or a bachelor's degree. Furthermore, professional training inevitably engages the activity of a great many professionals in academic settings which are not primarily service oriented.

In the United States there is one psychiatrist for every 18,000 persons. The overall supply of physicians is estimated to be forty per cent below the number needed to stay even with population growth and the supply of psychiatrists will most probably decrease in the long run (Albee, 1967). In social work, a ratio of 20 jobs for each MSW is anticipated while predictions concerning the availability of psychologists indicate that nearly every Ph.D. graduated in the next several years could be absorbed by the demand for psychology professors in colleges and universities (Albee, 1967). There is a shortage of psychiatric nurses which will become more salient as hospital beds are opened for short term, day, and overnight care (Joint Information Service, 1972). In the United States there is one psychiatrist for every 10,000 persons according to an estimate based on 1966 statistics (Arnhoff, *et al.*, 1969).

While the consensus among planners is that there is insufficient professional manpower to meet the mental health needs of the United States, there is no unanimity, as the Joint Commission on the Mental Health of Children (1969, p. 241) pointed out:

> as to the extent of the shortage, the chances of overcoming it, and the means of reversing the trend, since there are innumerable definitions of mental health and illness, and varied conceptions of what health care means and ought to mean, and what human skills and numbers it demands.

In this context it should be pointed out that one point of view perceives mental health professionals as instruments of social control and oppression insofar as they enforce middle-class values under the camouflage of health care, and perpetuate human distress and suffering by focusing scarce resources and public attention on "adjusting" the individual instead of attacking the social, political, and economic bases of psychological stress. From this perspective, the "manpower shortage" is a fiction perpetrated on the public by a mental health establishment bent on growth and the acquisition of power. It should suffice here to say that any question of manpower needs is subordinate to larger definitional issues concerning mental health and illness.

The influence and status of professionals within the mental health system derives chiefly from the demand for the specialized knowledge they command. Their political effectiveness is enhanced by several factors: 1) all levels of the mental health system are staffed with professionals who share, to some extent, values, perceptions, or beliefs; 2) professional organizations provide an independent and organized communications and lobbying network; 3) the rapid growth of the mental health system provided exceptional opportunities for professionals to reach positions of power.

The summit of professional power has long been occupied by the medical profession. In the nineteenth century, physicians were given the social responsibility for the care and treatment of the insane and feebleminded with the development of the state hospital system. The American Psychiatric Association was founded in 1844 by the superintendents of these hospitals. Their influence and focus expanded from the mental hospital to include clinics, psychoanalysis, neurology, child psychiatry, psychobiology, sociological and psychological factors, and war-stimulated interest in less severe disorders (traumatic neuroses). In the last few decades, the focus has changed from the study and treatment of abnormal behavior to the examination of the wider conceptual bases of mental health. The development of social psychiatry and of community mental health centers is one manifestation of psychiatry's expanded focus. Psychiatrists have, in fact, largely deserted the state hospitals as their locus of practice to treat less seriously disturbed and more affluent individuals. Albee has noted that there are fewer members of the American Psychiatric Association, whose membership now numbers over 18,000, working full-time in state institutions than in 1948, when the membership was 4,000 (Albee, 1969).

The specialty of child psychiatry was not formally established until 1960 and there are only about 300 fully certified child psychiatrists practicing in the United States. Psychiatric techniques for treating children, however, extend back to Anna Freud who influenced or trained many American child psychiatrists in the United States, who in turn, taught psychoanalytic principles to psychologists, pediatricians, social workers, and other psychiatrists. Their influence was strongest in the urban and primarily eastern population centers: Boston, New York, Philadelphia, New Haven, Chicago, and Topeka (APA, 1963). By the end of the 1930's child guidance centers were employing, to some extent, many of the therapeutic techniques presently in use with children:

1. psychoanalysis;
2. play therapy;
3. group therapy;
4. the "open approach," which involves open discussion by therapists with the child and parents all present, in a manner suggestive of today's family therapy;

5. relationship therapy, whose major emphasis "lies in enabling the child to recognize his feelings with a person who is able to accept them and explain them, yet at the same time impose limitations and restrictions,"

6. social treatment, evidently a precursor of agency consultation, described as including the use of the psychiatrist as consultant in agencies of varied function, and the integration of the psychiatric social worker into non-psychiatric agencies (Joint Information Service, 1972).

Traditionally, psychology has been an academically oriented discipline; before World War II the psychologist's participation in the mental health field consisted primarily of the measurement of mental functions, abilities and individual differences. During World War II many psychologists were pressed into new areas of service including psychodiagnosis, neuropsychiatric screening, and psychotherapy. After the war the newly created National Institute of Mental Health and the Veteran's Administration asked the American Psychological Association (APA) to evaluate and accredit Ph.D. training programs in clinical psychology.

The division of Clinical Psychology broke with APA precedent by requiring a supervised internship, in addition to a Ph.D., for membership. The requirement reflects an increased concern in psychology with developing a service discipline along the lines already established in psychiatry. While clinical psychology is most closely identified with the mental health field, other specialties are represented. The community mental health centers now draw from the ranks of social, educational, child, developmental, and measurement psychologists; sixty-one per cent of the psychologists responding to a survey conducted by the National Science Foundation Register of Scientific and Technical Personnel (1964 and 1966) consider their work relevant to mental health. According to Arnhoff (1969, p. 15), "the overwhelming majority of mental health research is conducted by psychologists." Psychology is primarily a public service profession: of those identified as mental health psychologists, 90 per cent are employed in public or non-profit settings while only seven per cent are self-employed (Brayfied, 1967; Arnhoff and Shriver, 1966).

The clinical psychologist works primarily in mental hospitals and psychiatric clinics.

> This is a reflection of the initial training programs developed in Veterans Administration hospitals and state mental hospitals, as well as of the initial dependency upon the field of psychiatry, which provided the role models and orientation for the neophyte profession (Arnhoff, 1969, p. 16).

At the 1955 Stanford Conference on Psychology and Mental Health, Dr. Robert Felix, then NIMH director, urged psychologists to explore and develop non-medical approaches to mental health problems. Since that time some training programs have developed broader conceptions of mental health and trained clinicians to operate in new settings, however, psychologists have not organized around community health concepts as efficiently as psychiatrists.

The third member of the "core professional group" which developed from the child guidance model is the social worker. Social work developed from the Charity Organization Society Movement of the late 1870's and the Settlement Movement of the same period. It has been defined as seeking to

> enhance the social functioning of individuals, singly and in groups, by activities focused upon their social interactions which constitute the interaction between man and his environment. These activities can be grouped into three functions: restoration of impaired capacity, provision of individual and social resources and prevention of social dysfunction (Boehm, 1959, p. 54).

At the bachelor's level social work education consists primarily of training experience. At the master's level students are educated

> ... for fundamentals or basic ingredients in order to prepare the student for a variety of auspices. Training for specific areas of practice is expected to occur via staff development in agencies (Arnhoff, 1969, p. 19).

Until 1959 schools of social work were organized into subfields like psychology, but in that year the Council on Social Work Education recommended that a

> common generic base of knowledge applicable to any social problem be provided. This means, with regard to mental health, that any social worker trained under the new approach may be regarded as a potential candidate for employment in a psychiatric setting (Arnholt, 1969, p. 21).

The National Association of Social Workers which has represented social workers since 1955 resulted from the merger of seven specialty groups. Social work theory now includes an eclectic and personalized mixture of borrowing from psychoanalytic theory, developmental psychology, theories of social organization, psychiatry, law and education.

The development of psychiatric nursing coincided with reduced reliance on the use of physical restraints in the care of institutionalized mental patients in the nineteenth century.

> Freed from restraints, the mentally ill person had to be dealt with as a personality. It thus became necessary to enter with increasing awareness into a psychological relationship with the patient. The progressively expanding concern over the psychologic and therapeutic importance of this relationship constitutes the major development in psychiatric nursing during the last hundred years (Santos and Stainbrook, 1949, p. 53).

There are three types of nursing training programs. The diploma program is hospital based and involves three years training beyond high school. The associate degree sequence is offered at junior and community colleges and requires two years participation in basic science and nursing courses with clinical laboratory experience in community hospitals. Finally, the baccalaureate program, which requires four or five years of clinical training, is university and college based.

The specialty of psychiatric nursing was initially offered at the bachelor's level but was discontinued in 1956 in favor of specialty training at the master's level. At the present time the principles of psychiatric nursing are included in all nursing education since it is felt that nurses can deal better with patients of all types if they are exposed to these concepts. When the Community Mental Health Act was passed in 1963, educators in psychiatric nursing began to incorporate community concepts in the curriculum to prepare their students for new services including: community organization and action, program planning, and the development of new approaches to clinical care.

Table 7 describes how community mental health center personnel allocate their time.

It has often been noted that in human service delivery systems, employee status is inversely related to the amount of client contact. Table 7 appears to sustain this generalization by indicating that professional mental health workers spend less time in "activities directly related to patient care" than non-professionals. Psychiatrists, occupying the position of highest status, spend the least time in patient care. Psychiatry is also the only mental health profession which has a larger percentage of part-time than full-time positions in the mental health system (NIMH, 1970).

TABLE 7. STAFF ACTIVITY, BY DISCIPLINE

	Total	Psychiatrist	Psychologist	Social Worker	Nurse	Aide	Activities Therapist	Rehabilitation Worker	Other
	%	%	%	%	%	%	%	%	%
Activities directly related to patient care	56	47	50	55	64	75	65	60	41
Staff meeting	16	22	16	17	17	10	16	16	9
Consultation	5	5	8	7	3	1	2	7	2
Planning, administration	4	5	2	5	2	0	2	3	13
Telephone, agencies	3	2	3	4	1	1	1	5	2
Teaching	3	8	5	2	2	0	3	1	1
Research	3	2	5	1	1	0	0	2	13
Evaluation	3	3	4	2	1	1	3	2	7
Receiving training	2	2	2	2	3	2	2	3	3
Supervision	1	2	1	0	0	0	0	0	0
Traveling	1	1	1	0	0	1	1	0	0
Reading, studying	0	0	1	0	1	0	1	1	0
Materials	0	0	0	0	0	0	3	0	0
Miscellaneous	4	2	2	4	3	8	1	2	9

From the Joint Information Service (1969)

IV. INTERVENTIONS

The mental health system is moving, particularly ideologically, toward adopting the public health model that successfully eradicated a host of major diseases by prevention and early treatment. Following this model, mental health interventions can be divided into three categories:

1. primary prevention aims at reducing the incidence of disturbance by fortifying a risk group against afflication or by environmental manipulations which eliminate harmful features of child settings;
2. secondary prevention aims at reducing the prevalence of mental disorders by early recognition and treatment;
3. tertiary prevention treatment which aims at restoring the individual to his fullest capacity.

Primary prevention begins with the attempt to ensure the birth of healthy babies. Prenatal and post-natal care, with attention to nutrition, psychological stress, and health problems are examples of interventions geared to this goal. Conceptually, primary prevention reaches out to the child's family, community, and school environments to content with economic, housing, recreational and other factors which affect the child's mental well-being. The implications of this type if intervention are far-reaching insofar as a commitment is being made to ameliorate social problems (like racism) which have been remarkable indifferent to resolution.

Mental health personnel are becoming more involved in the daily operation of schools. Their contact with children is no longer limited exclusively to children who find their way to a clinic or hospital. The goals of this program:

> include early identification of children's problems, consultation with teachers around management of problem children, consultation with parents, treatment of the special child in the school setting, referral when necessary for longer-term treatment to other persons or agencies, and planning primary prevention and mental health education program (Glasscote, Fishman, and Sonis, 1972, p. 154).

The school consultation program is the primary preventive intervention operational within the Community Mental Health Centers at the present time.

The majority of mental health interventions are designed to treat the individual child for problems which are already manifest. A diagnostic evaluation precedes any sort of therapy; the evaluation usually involves the participation of the child's parents, either in separate diagnostic sessions, or with the child, or both (the scientific and moral questions which cling to the use of diagnosis and labelling are discussed in Section II, "Target Population"). Subsequently, a treatment plan is formulated.

Psychotherapy

The most commonly implemented treatment plan is psychotherapy: individual, group, and family. Psychotherapy involves an encounter between two or more people, of whom at least one is defined as mentally ill. Since psychotherapy is the major intervention employed by the mental health system, its assumptions will be described in some detail:

1. It is emotionally relieving to tell another person who is empathetic and non-judgmental, about things which have been troubling one.
2. In this process, the patient may understand certain relationships between his current emotional problems and contemporaneous or past events, and of his idiosyncratic emotional responses to those events.
3. The process of psychotherapy may constitute additionally a corrective emotional experience, allowing the patient to have a sustained relationship with a predictable and trusted figure who responds to him differently than other individuals have in the past.
4. The therapist, by certain of his behaviors, may facilitate a process resulting in changed modes of thinking, feeling, and behaving. The repertoire of therapist behaviors includes:

   (a) empathizing with the patient's reaction to a particular internal or external event;

(b) asking for clarification to facilitate the patient's self-examination;

(c) the therapist may interpret the motivation of a certain behavior or offer interpretive connections between present thoughts, feelings or behaviors, and antecedent or contemporaneous events causally related to such factors;

(d) reassuring the patient;

(e) exhorting the patient;

(f) instructing the patient;

(g) confronting or challenging the patient;

(h) the therapist may reward certain behaviors in the therapeutic situation by responding verbally or nonverbally in a pleased or friendly manner; and conversely, may discourage certain other behaviors by negative or noncommittal responses (Whitlington, 1972, pp 57-59).

Psychotherapy with younger children may take the form of play therapy, which is a translation of psychoanalytic principles for use with children. In play therapy, children are encouraged to express and work out their insecurities, anxieties, and hostilities as they play with the doll house, puppets, etc. Other techniques, like art and music therapy, allow the child to express himself and to ventilate his feelings through nonverbal channels.

These psychotherapeutic techniques generate a good deal of pertinent and fascinating information about the child's perception of the world and about the forces which inform his perceptions.

The way a child organizes and manipulates the characters in a doll family may be a significant reflection of the child's real or fantasized family experience. However, there is not much empirical evidence to suggest that psychotherapy with children has a significant and positive effect, and Levitt (1957, 1963) has summarized a substantial body of evidence bearing negatively on the question.

Family therapy considers the interactional field of the child as well as his intrapsychic experience. The parents and children are seen together by the therapist who is responsible to all family members, not to one above the others.

> The therapeutic task is to clarify the interrelationships among the family members, examine how each person functions as an individual and in the dual roles of father-husband, mother-wife, brother-son, and sister-daughter. The family can then be assisted to recognize how each member contributes to the positive and negative aspects of their relationships, to effect changes in communication patterns so that channels are more open and messages are less contradictory, and to evaluate and structure its goals in accordance with whether these are realistic, desirable, or desired (Sager *et al.*, 1969, p. 142).

Family therapists tend to be more concrete and specific in outlining goals than therapists who work with individual patients, and the procedure of family therapy, as commonly practiced, tends to be of relatively short duration.

In order to qualify for federal funds, a community mental health center must furnish an outpatient clinic prepared to provide care for families. The greater use and emphasis on family therapy can be understood as one reflection of the growing acceptance within the mental health field of models which focus on the individual only in relation to particular social systems, thereby avoiding the strategic, economic, and moral dilemmas of singling out individuals for treatment.

In a system increasingly obeisant to cost-benefit calculation, it is not surprising that crisis therapy groups for families are making headway. These groups last from four to six weeks and are focused on family changes or on particular crises. Their premise is that many people apply to a mental health service for help with problems and situations that are temporary. It is supposed that these persons need little more than moderate support, and concrete suggestions to enable them to successfully cope with these dilemmas. In other words, the individual's personality is not taken as the "problem" to be solved, rather the intervention focuses on the particulars of a situational difficulty. The approach is concrete and directive; parents may, for example, be given an assignment one week concerning a particular behavior of their child with the outcome to be discussed the following week.

Specificity, concreteness, and cost have long been rallying points for those mental health professionals disenchanted with the time-consuming procedure of psychoanalytically oriented therapy. The essentially investigative procedure of psychotherapy, it is felt, has limited application to children who are experiencing difficulties related to specific social, perceptual, or academic matters. Such children can remain in psychotherapy for years, without any basic modification of their difficulties. Consequently, treatment philosophy in some segments of the mental health system has shifted toward a direction advocated by Nicholas Hobbs (who helped to develop the Re-Education Model)among others:

> The central thrust is to help children here and now acquire competence in coping with realistic problems: how to read, how to play first base, how to approach school without fear, how to counter a dominating mother without recourse to asthma, how to take a stand against a bully, how to receive and how to give of one's possessions, how to know joy, in sum, how to be oneself fully, without guilt (Joint Information Service, 1972, p. 197).

Behavior Modification

The Re-Education Model makes extensive use of the operant conditioning model which has waxed in the mental system as the psychoanalytic model has waned. Operant conditioning, or behavior modification as it is usually called, begins with the objective definition of the maladaptive behavior to be changed. The behavior is observed, identified, and recorded. By recording the frequency of occurrence of the undesired behavior, a baseline measure is obtained which can be compared with records obtained after treatment. Next, a determination is made as to the environmental events which support or reinforce the behavior. After these conditions are identified, the behavior modifier seeks to manipulate the environment in order to bring about change.

This procedure has limited usefulness with outpatients because the therapist only sees the child for an hour or so per week and therefore has minimal control over the child's environment. However, parents can be taught to be behavior modifiers and carry on an operant conditioning program at home. Behavior modification is widely applied in inpatient settings for both emotionally disturbed and mentally retarded children. Children earn primary reinforcers (e.g., sweets), token reinforcers (which can be exchanged for primary reinforcers at specified times), and social reinforcers (smiles, attention, etc.) for exhibiting the desired behavior or inhibiting the undesired behavior.

Chemotherapy

Chemotherapy is a means for changing a child's behavior by introducing chemicals into his system which affect the action of the central nervous system. This type of therapy aims to reduce symptoms (hyperactivity, depression, etc.) and does not actually cure a disease, unless one is persuaded that the disease is the symptom and no more. Generally speaking, medication is conceived as a holding action against further problems developing as a result of the display of symptoms — that is, a means by which the child and the people around him can avoid the consequences of the disturbed behavior.

Other Interventions

The scope of mental health interventions is expanding to include procedures which are relatively new to the system. Included in this category are:

1. Activity groups for children and adolescents which are designed to improve social skills and which may be used to reinforce more intensive forms of therapy the child or adolescent has experienced;
2. Specialized programs involving diagnosis and treatment of children with perceptual-motor and related learning disabilities;
3. Mothers' groups for mothers who want help in managing their children.

V. FACILITIES AND PROGRAMS

Residential Treatment Centers (RTC's)

RTC's provide inpatient services to moderately or seriously emotionally disturbed children. During 1968, RTC's cared for sixteen per cent of the 91,000 psychiatric inpatients under eighteen years of age (see Table 8). It will be noted from Table 9 that 89 per cent of RTC's are privately owned and therefore not, in the main, part of the publicly supported mental health system with which we are primarily concerned.

Outpatient Clinics

Outpatient clinics for children developed out of the child guidance model. Although many modifications have been made in the utilization of the core professional team since its development in the clinics, some variation of the concept is still the nucleus of the clinic's procedure. As originally formulated, the core unit included: a psychiatric social worker who obtained the developmental

TABLE 8. ESTIMATED PROPORTIONS OF CHILDREN UNDER 18 YEARS OF AGE UNDER CARE IN PSYCHIATRIC FACILITIES: UNITED STATES, 1968

TYPES OF FACILITIES	TYPES OF SERVICES	
	ALL SERVICES	INPATIENT SERVICES ONLY
	NUMBER OF CHILDREN UNDER CARE	
ALL FACILITIES, TOTAL	686,000	91,000
	DISTRIBUTION OF CHILDREN (%)	
ALL FACILITIES, TOTAL	100	100
Residential Treatment Centers	4	16
Outpatient Clinics	77	
Community Mental Health Centers	7	8
General Hospitals	5	40
State and County Mental Hospitals	4	28
Mental Health Day-Night Units	2	
Private Mental Hospitals	1	8

From: NIMH, Residential Treatment Centers of Emotionally Disturbed Children, 1969-70, p. 2

and social history and worked with parents, schools, and other agencies involved with the child; a psychologist who tested the child's intellectual capacities; and a psychiatrist who conducted the physical and psychiatric examination of the child, and later, the psychotherapy.

As Table 8 indicates, outpatient clinics provide services to more children than any other type of facility. Many more disturbed children are treated at clinics than at mental hospitals. Nearly one-half million children under eighteen are seen at outpatient psychiatric clinics each year (NIMH, Current Facility Reports, 1969). In addition to individual psychotherapy, these services may include family therapy, group therapy, remedial reading and arithmetic services, parent counseling, special perceptual training, speech therapy, and summer camp programs.

Community Mental Health Centers (CMHC's)

A CMHC is a facility which provides comprehensive services and continuity of care for patients with mental illness and emotional disorders. According to the regulations in Public Law 88-164, a CMHC must, as a minimum, provide inpatient care, outpatient care, partial hospitalization (day and/or night treatment service), emergency services and community consultation and education. These functions can be physically separated, as long as the program is administratively integrated.

Inpatient care for children under the age of twelve is a relatively rare phenomenon. "These patients include youngsters with acute phobic reactions and conditions such as Hirschsprung's disease, anorexia nervosa, bronchial asthma or other psychosomatic difficulties (Silberstein, 1969, pp. 190-191)." The situation is quite different for children over twelve, who are more subject to conditions which indicate hospitalization, e.g., acute psychosis, schizophrenia, depression, hysterical illness, or panic state. The goal of inpatient care is generally early discharge, both because of the detrimental effect of isolating the child from his community and peers and because of the cost of providing the service. The tendency in the CMHC's is to avoid inpatient placement unless the "child cannot develop adequately in his home environment, . . . no foster home care is available to him, and . . . no remedial work with his parents can modify the social difficulties the child faces (Silberstein, 1969, pp. 191-192)."

Partial Hospitalization

Children in the day hospital program live at home and come to the facility for schooling, therapy, and recreation. This procedure may be utilized with children whose extreme withdrawal or hyperactivity creates difficulties for the normal school program. Small classes are the rule.

Night and Weekend Care

This procedure is used infrequently, primarily with children who can function adequately in their neighborhood and school but experience extreme difficulties at home with their parents. The population is primarily limited to adolescents who seem to have this type of problem more frequently than younger children. In effect, this is the reverse of day hospitalization.

TABLE 9. COMPARISONS OF SELECTED DATA ON PSYCHIATRIC HOSPITALS FOR CHILDREN AND RESIDENTIAL TREATMENT CENTERS: UNITED STATES, 1969, 1/

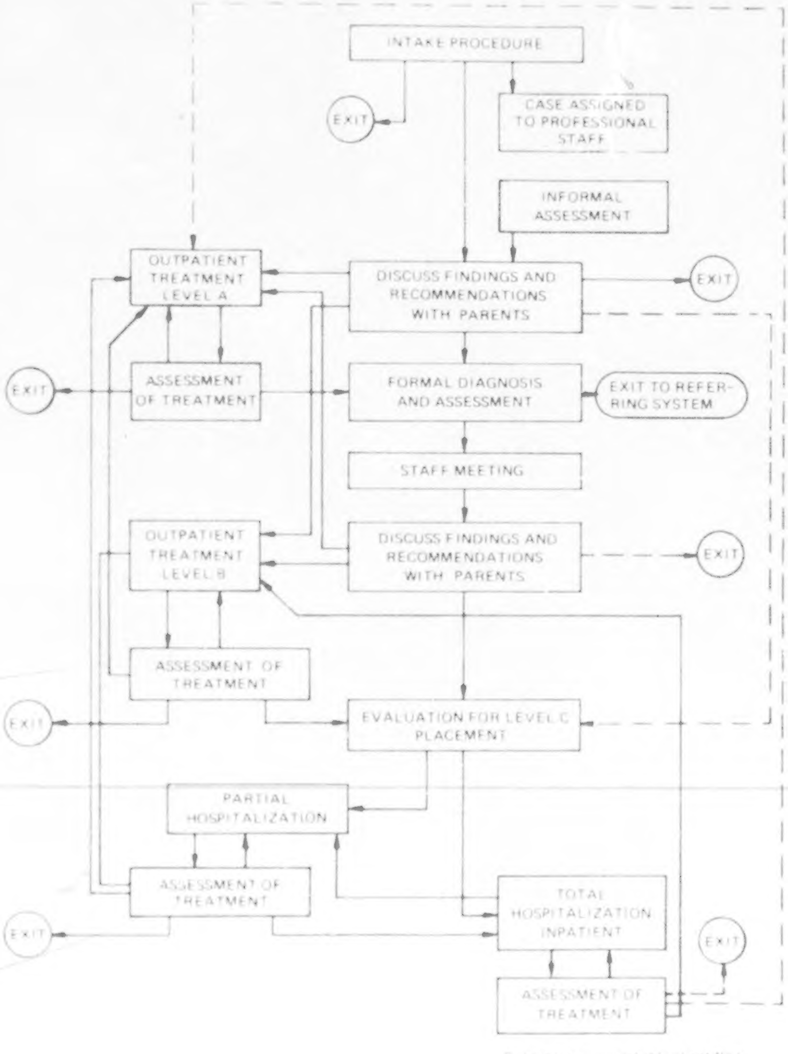
SELECTED MEASURES FOR 1969	RESIDENTIAL TREATMENT CENTERS (N=261)	PSYCHIATRIC HOSPITALS FOR CHILDREN (N=15)
Predominant type of ownership	Private non-prof (89 percent)	State and County (73 percent)
Predominant geographic division	East North Central (31 percent)	East North Central (53 percent)
Median size (in beds)	37	84
Annual number of patient days, all facilities	4,521,000	361,000
Average daily census per facility	47	66
Average daily percent occupancy per facility	81%	78%
Annual number of additions, all facilities	7,596	2,778
Annual additions per 1,000 U. S. resident population under 18 years 2	10	4
Annual additions per 1,000 discharges	102	100
Proportions of facilities with research activities	9%	54%
Full-time equivalents per 1,000 residents 3 4		
Professional employees	307	1,035
Non-professional employees	592	1,576
Annual total expenditures	$117,065,000	$24,552,000
Annual salary expenditures	$65,554,000	$18,193,000
Average total expenditures per patient day	$27	$66
Average salary expenditures per patient day	$15	$50

(From: NIMH Current Facilities Report, 1969)

VI. CLIENT FLOW PATTERN

Emotionally Disturbed

At the outset it should be understood that all mental health facilities do not have the same procedures for channeling clients into the appropriate treatment niches; in fact, the client flow pattern may vary on occasion within the same facility. Having said this, we can proceed to describe the features of client flow which are common to most mental health facilities.


INTAKE PROCEDURE
EXIT
CASE ASSIGNED TO PROFESSIONAL STAFF
INFORMAL ASSESSMENT
OUTPATIENT TREATMENT LEVEL A
DISCUSS FINDINGS AND RECOMMENDATIONS WITH PARENTS
EXIT
EXIT
ASSESSMENT OF TREATMENT
FORMAL DIAGNOSIS AND ASSESSMENT
EXIT TO REFERRING SYSTEM
STAFF MEETING
OUTPATIENT TREATMENT LEVEL B
DISCUSS FINDINGS AND RECOMMENDATIONS WITH PARENTS
EXIT
ASSESSMENT OF TREATMENT
EXIT
EVALUATION FOR LEVEL C PLACEMENT
PARTIAL HOSPITALIZATION
ASSESSMENT OF TREATMENT
TOTAL HOSPITALIZATION INPATIENT
EXIT
EXIT
ASSESSMENT OF TREATMENT

Dotted line = improbable client flow

Figure 1. Client flow for emotionally disturbed children

The traditional diagnostic sequence, which appears to be progressively waning in application, consisted of a report on the family from the social worker, psychological tests by the psychologist, a psychiatric interview by the psychiatrist, and subsequent to these procedures, a diagnostic conference. The automatic application of this procedure has diminished because of the cost involved, the greater number of less seriously disturbed children entering the system, the shortage of psychiatrists, and the long waiting lists resulting from this time-consuming entry process.

The CMHC's are trying to move toward operationalizing the philosophy that

> all persons should be dealt with at the lowest intensity of care consonant with their needs. Thus outpatient treatment is preferable to daytime hospitalization, daytime hospitalization to inpatient treatment; brief and intensive inpatient treatment to longer-term inpatient care (Joint Information Service, 1972, p. 125).

This system of priorities is reflected in Figure 1 wherein there are more access routes to the lower intensity levels of care than there are to the higher levels.

The following is a verbal description and explanation of the process represented graphically by Figure 1. Referrals, which bring the client to the starting point or intake procedure, come from parents, schools, courts, welfare departments, and sometimes, as with adolescents seeking help for drug-related problems, from the clients themselves. The intake procedure may vary from place to place. In many centers, the client's (client's parents) first contact is with an appointments or social work secretary. At this stage the nature of the problem is discussed and information is obtained about the child's development, school history, health, etc., either by phone, by taking the history in person or by having the parents fill out a detailed information form. Cases which seem obviously inappropriate for mental health services are screened out at this point. The next step may be setting up an appointment with one or more professional staff (usually psychologists or social workers). Depending on the circumstances, setting, and individual preferences of the mental health worker(s), an interview will take place with the whole family, the child alone, or the parents alone. Following this procedure, the mental health worker reviews the client's background, informally arrives at a diagnostic statement, and decides on either an appropriate treatment plan, referral to another agency, or the need for formal diagnosis. The worker's findings and recommendations are then discussed with the parents. In some cases the client moves directly from the intake procedure to outpatient treatment (after a discussion with the parents) on what we have termed Level A. Level A is conceived as the lowest intensity level of treatment (as measured by cost, duration, and formality) available in a particular mental health center. This may entail a limited number of crisis interviews or sessions, activity groups, etc. It should be noted that interviews, which are considered as diagnostic in some centers, may, without much apparent difference, be considered as therapeutic in others.

The child arrives at the point of formal diagnosis either after the informal diagnosis or after an assessment of his treatment assignment. In the latter case the child may also exit the system if the assessment concludes that the goals of treatment have been substantially obtained. Formal diagnosis is not routinely sought because of the costs inherent in this procedure and the time consumed (occasioning long waiting lists). The bias is toward moving the child who requires treatment into treatment as quickly as possible and terminating that treatment at the earliest feasible time. As represented on the chart, the child may move into Treatment Level B after informal diagnosis. Treatment Level B includes outpatient programs which take the more traditional route of mental health interventions: individual psychotherapy, group therapy, family therapy, etc. Movement into this level of treatment is preceded by formal diagnosis more often than is movement into Level A.

Formal diagnosis may involve psychological tests of intellectual ability (most generally the Wechsler Intelligence Scale for Children and the Stanford-Binet Intelligence Scale), perceptual functioning (e.g., Bender Visual Motor Gestalt Test) and personality (Children's Apperception Test, drawings, sentence completion tests, etc.). There may also be a psychiatric interview but, due to the shortage of psychiatrists, this procedure is not automatic unless there is a question of prescribing medication. Formal diagnosis may also include an analysis of the family's social and psychodynamic functioning, as developed by a social worker in interviews with the family.

After a formal diagnostic procedure there is, typically, a staff meeting followed by a discussion with the parents. The recommendation at this point may be for outpatient treatment (Level B more probable than Level A) or Level C treatment or referral to an agency outside the mental health system. The last possibility is rather improbable because if the client is not an appropriate candidate for mental health services it is unlikely that the investment in formal diagnosis would be made.

If the recommendation is for Level C placement, another evaluation has to be made, unless the initial evaluation was made by personnel from a facility offering Level C services. That is to say, if the recommendation entails transferring responsibility for the child to another, administratively independent mental health facility, this facility will probably require its own evaluation (which does not necessarily duplicate the first evaluation).

Level C treatment is conceived as the most intense treatment available in the mental health system. Operationally, it consists of partial hospitalization (generally a day treatment program) or total hospitalization (inpatient care in a hospital or residential treatment center). Partial hospitalization may also, though rarely, mean night-time placement in a mental health facility. In most cases the decision concerning residential treatment versus day treatment depends on the adequacy of the home environment as well as the severity and type of disturbance. As mentioned earlier, the system's bias is away from treatment at this level of intensity because of the substantial cost in terms of money and disruption of the child's normal community life. As a rule, only the most grossly disturbed or disturbing children, demonstrating the most bizarre and difficult to handle behavior, are considered a this level. Consequently, it is improbable that hospitalized patients will exit the mental health system directly from this point.

A final comment on the client flow of disturbed children is in order. Some clients enter the system for evaluation purposes only, e.g., by a referral from the courts. After the evaluation, disposition is often in the hands of the referring agency. Consequently, these clients usually exit the system after the formal diagnostic procedure.

Mentally Retarded

The client flow pattern for mentally retarded children is less complicated, because the mental health system is extricating itself from the delivery of services to all but the severely and profoundly retarded. Therefore, the client population in this category is less diverse, and there are fewer placement choices within the system. The trend in the mental health system is away from institutionalization (except for the severely and profoundly retarded) and consequently community educational and family service agencies are having to provide more services, as the mental health system provides fewer services for the educable and trainable population.

More serious forms of retardation are usually detected by medical personnel at birth or during the child's first few years. As a result, the majority of retardates who enter the mental health system are infants or pre-school children. Figure 2 illustrates a typical pattern of events.

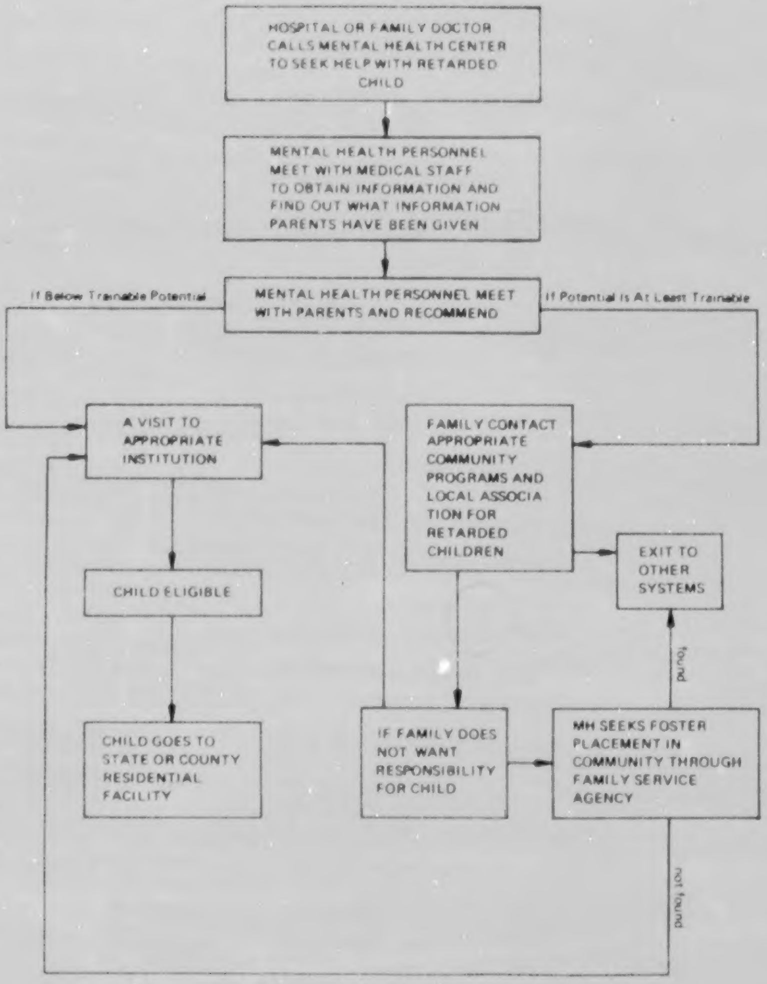

HOSPITAL OR FAMILY DOCTOR CALLS MENTAL HEALTH CENTER TO SEEK HELP WITH RETARDED CHILD
MENTAL HEALTH PERSONNEL MEET WITH MEDICAL STAFF TO OBTAIN INFORMATION AND FIND OUT WHAT INFORMATION PARENTS HAVE BEEN GIVEN
MENTAL HEALTH PERSONNEL MEET WITH PARENTS AND RECOMMEND
If Below Trainable Potential
If Potential Is At Least Trainable
A VISIT TO APPROPRIATE INSTITUTION
FAMILY CONTACT APPROPRIATE COMMUNITY PROGRAMS AND LOCAL ASSOCIATION FOR RETARDED CHILDREN
EXIT TO OTHER SYSTEMS
CHILD ELIGIBLE
found
CHILD GOES TO STATE OR COUNTY RESIDENTIAL FACILITY
IF FAMILY DOES NOT WANT RESPONSIBILITY FOR CHILD
MH SEEKS FOSTER PLACEMENT IN COMMUNITY THROUGH FAMILY SERVICE AGENCY
not found

Figure 2 Client flow for mentally retarded children

VII. THE STRUCTURE OF THE MENTAL HEALTH SYSTEM

Federal

The National Institute of Mental Health (NIMH) is the federal agency within the Department of Health, Education, and Welfare that administers federal mental health programs (see Figure 3). Until 1967 NIMH operated under the auspices of the National Institute of Health of the Public Health

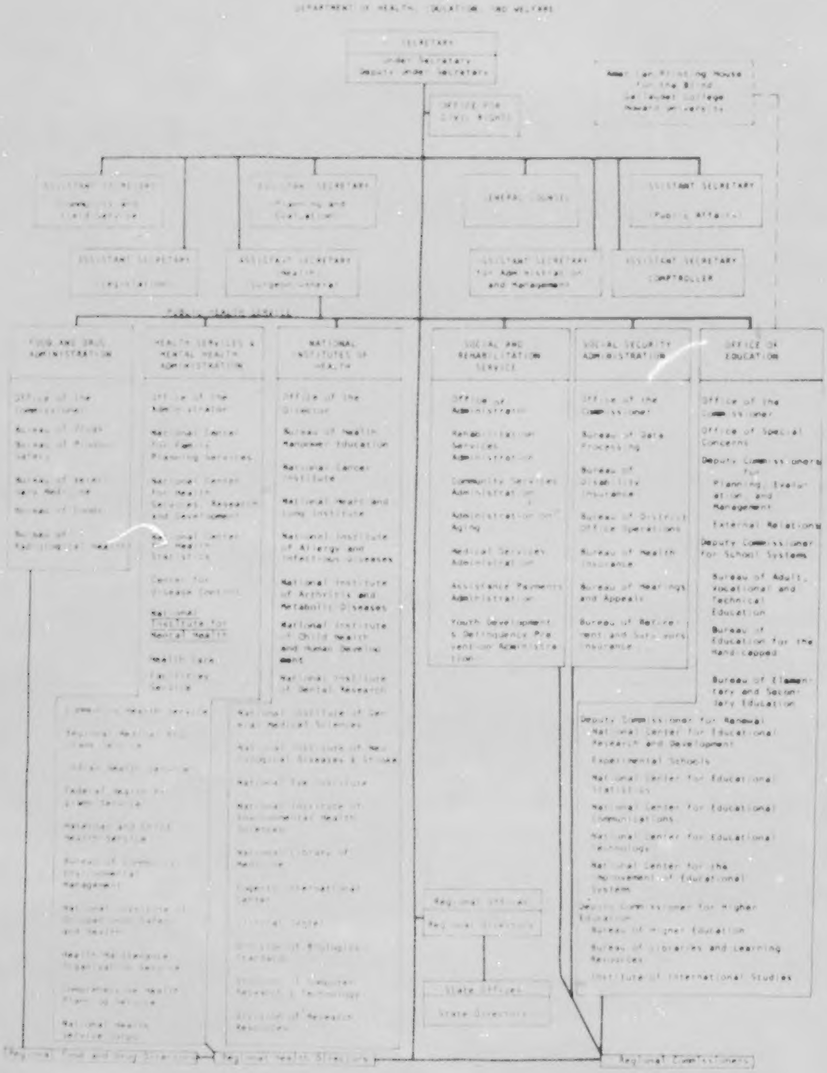

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SECRETARY
Under Secretary
Deputy Under Secretary
American Printing House for the Blind
Gallaudet College
Howard University
OFFICE FOR CIVIL RIGHTS
ASSISTANT SECRETARY Community and Field Services
ASSISTANT SECRETARY Planning and Evaluation
GENERAL COUNSEL
ASSISTANT SECRETARY (Public Affairs)
ASSISTANT SECRETARY (Legislation)
ASSISTANT SECRETARY Health; Surgeon General
ASSISTANT SECRETARY for Administration and Management
ASSISTANT SECRETARY COMPTROLLER
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
Office of the Commissioner
Bureau of Drugs
Bureau of Product Safety
Bureau of Veterinary Medicine
Bureau of Foods
Bureau of Radiological Health
HEALTH SERVICES & MENTAL HEALTH ADMINISTRATION
Office of the Administrator
National Center for Family Planning Services
National Center for Health Services, Research and Development
National Center for Health Statistics
Center for Disease Control
National Institute for Mental Health
Health Care Facilities Service
Community Health Service
Regional Medical Programs Service
Indian Health Service
Federal Health Programs Service
Maternal and Child Health Service
Bureau of Community Environmental Management
National Institute of Occupational Safety and Health
Health Maintenance Organization Service
Comprehensive Health Planning Service
National Health Service Corps
NATIONAL INSTITUTES OF HEALTH
Office of the Director
Bureau of Health Manpower Education
National Cancer Institute
National Heart and Lung Institute
National Institute of Allergy and Infectious Diseases
National Institute of Arthritis and Metabolic Diseases
National Institute of Child Health and Human Development
National Institute of Dental Research
National Institute of General Medical Sciences
National Institute of Neurological Diseases & Stroke
National Eye Institute
National Institute of Environmental Health Sciences
National Library of Medicine
Fogarty International Center
Clinical Center
Division of Biologics Standards
Division of Computer Research & Technology
Division of Research Resources
SOCIAL AND REHABILITATION SERVICE
Office of Administration
Rehabilitation Services Administration
Community Services Administration
Administration on Aging
Medical Services Administration
Assistance Payments Administration
Youth Development & Delinquency Prevention Administration
SOCIAL SECURITY ADMINISTRATION
Office of the Commissioner
Bureau of Data Processing
Bureau of Disability Insurance
Bureau of District Office Operations
Bureau of Health Insurance
Bureau of Hearings and Appeals
Bureau of Retirement and Survivors Insurance
OFFICE OF EDUCATION
Office of the Commissioner
Office of Special Concerns
Deputy Commissioners for
Planning, Evaluation, and Management
External Relations
Deputy Commissioner for School Systems
Bureau of Adult, Vocational and Technical Education
Bureau of Education for the Handicapped
Bureau of Elementary and Secondary Education
Deputy Commissioner for Renewal
National Center for Educational Research and Development
Experimental Schools
National Center for Educational Statistics
National Center for Educational Communications
National Center for Educational Technology
National Center for the Improvement of Educational Systems
Deputy Commissioner for Higher Education
Bureau of Higher Education
Bureau of Libraries and Learning Resources
Institute of International Studies
Regional Offices
Regional Directors
State Offices
State Directors
Regional Food and Drug Directors
Regional Health Directors
Regional Commissioners

Figure 3. Department of Health, Education and Welfare.

Service. It is now an operating agency of the Health Services and Mental Health Administration. Its mission is to develop knowledge, manpower, and services to treat the mentally ill, to prevent mental illness, and to promote mental health.

Support programs are administered by the following units within the NIMH:

1. Division of Extramural Research Programs;
2. Division of Manpower and Training Programs;
3. Division of Mental Health Service Programs;
4. Division of Special Mental Health Programs;
5. Division of Narcotic Addiction and Drug Abuse;
6. National Institute on Alcohol Abuse and Alcoholism.

These units support research, training, and services (see Table 10).

Between the state mental health agencies and the NIMH, are the ten regional mental health offices: Region I, Boston, Massachusetts; Region II, New York, New York; Region III, Philadelphia, Pennsylvania; Region IV, Atlanta, Georgia; Region V, Chicago, Illinois; Region VI, Dallas, Texas; Region VII, Kansas City, Missouri; Region VIII, Denver, Colorado; Region IX, San Francisco, California, and Region X, Seattle, Washington.

> The ten Mental Health Regional Staffs represent the Institute in its full range of activities. They (1) provide professional and technical consultation to regional, State, community, and voluntary agencies concerned with mental health and with institutions of higher learning to further the development and administration of comprehensive mental health programs, (2) serve in a liaison and advisory role between the Divisions and regional, State, and local mental health agencies; (3) participate in the review of State mental health programs and plans and in the administration of associated Institute activities, (4) gather and analyze economic and social data related to mental health programs in each State and make current data available to the Director, regarding issues, practices, and trends pertinent to the development of a national mental health program; (5) promote the integration and coordination of regional and State mental health efforts (Department of Health, Education and Welfare Publication No. (HSM) 72-9044, 1972, p. 53).

State

In order to qualify for federal funds, each state must designate one agency as the mental health authority. As of 1966, the agencies designated as mental health authorities in the fifty states were as follows:

(a) Departments of Health — 13;

(b) Departments of Mental Health — 16;

(c) Departments of Institutions or State Mental Hospitals — 5;

(d) Departments of Welfare — 5;

(e) Departments of Health and Welfare — 6;

(f) Departments of Mental Health and Corrections — 2;

(g) Others — 3 (Connery, 1967, p. 29).

The diversity represented arises from factors such as the historical development of mental health programs within the state, and bureaucratic and legislative resistance or pressure to change the existing organizational structure.

TABLE 10. NATIONAL INSTITUTE FOR MENTAL HEALTH PROGRAMS ADMINISTERING RESEARCH, TRAINING, AND RESOURCES

RESEARCH SUPPORT

Division of Extramural Research Programs
  Behavioral Sciences Research Branch
  Clinical Research Branch
  Applied Research Branch
  Psychopharmacology Research Branch
  Center for Epidemiologic Studies

Division of Mental Health Service Programs
  Mental Health Services Development Branch

Divisions of Special Mental Health Problems
  Center for Studies of Suicide Prevention
  Center for Studies of Metropolitan Problems
  Center for Studies of Child and Family Mental Health
  Center for Studies of Crime and Delinquency
  Center for Minority Group Mental Health Programs

Division of Narcotic Addiction and Drug Abuse
  Center for Studies of Narcotic and Drug Abuse

Note:

Applications are accepted from investigators affiliated with universities, colleges, hospitals, academic or research institutions, and other non-profit organizations in the United States.

TRAINING SUPPORT

Division of Manpower and Training Programs
  Psychiatry Training Branch
  Psychiatric Nursing Training Branch
  Behavioral Sciences Training Branch
  Social Work Training Branch
  Experimental and Special Training Branch
  Continuing Education Branch

Division of Mental Health Service Programs
  Technical Programs Assistance Branch
  Mental Health Services Development Branch

Division of Special Mental Health Programs
  Center for Studies of Suicide Prevention

Division of Extramural Research Programs
  Center for Epidemiologic Studies

Division of Narcotic Addiction and Drug Abuse
  Center for Studies of Narcotic and Drug Abuse

National Institute on Alcohol Abuse and Alcoholism

Note:

Institutions may apply for support of teaching costs and allowances to trainees. In general, grant funds may be requested by institutions for expenses necessary to carry out the proposed training program, such as salaries of professional and non-professional personnel, supplies, equipment, etc.

RESOURCES SUPPORT

Division of Mental Health Service Programs
  Community Mental Health Centers Support Branch
  Mental Health Care and Services Financing Branch
  Mental Health Services Development Branch
  Mental Health Study Center

Division of Extramural Research Programs
  Applied Research Branch
  Center for Epidemiologic Studies

Division of Manpower and Training Programs
  Experimental and Special Training Branch

Division of Special Mental Health Programs
  Center for Studies of Suicide Prevention
  Center for Studies of Metropolitan Problems
  Center for Studies of Crime and Delinquency

Division of Narcotic Addiction and Drug Abuse
  Center for Studies of Narcotic and Drug Abuse
  Narcotic Addict Rehabilitation Branch

National Institute on Alcohol Abuse and Alcoholism

Note:

Funds for Community Mental Health Clinics' construction and staffing, hospital improvement projects, professional and technical assistance, grants-in-aid to States, and services to children which is a priority area.

The administrative location of the mental health authority may have a significant influence on the development of mental health programs within the state. For example,

> If the principal function of a department is public health or welfare, improved health and welfare programs are likely to be given priority over community mental health services, or if the primary function is administering state institutions, better mental hospitals and prisons are likely to be considered more important. Such program favoritism may well be reflected in both budget and staffing patterns (Connery, 1968, pp. 29-30).

Advocates for a separate state department of mental health also note that mental health, by the general view, is the single greatest health problem in the United States, and that if functions are not splintered, the agency can be more directly accountable for its actions.

New York and Massachusetts were among the first states to consolidate all mental health functions within a department of mental health. In other states, like Washington and Texas, mental health services are divided between the state health departments which take responsibility for the community mental health programs and the departments of institutions which administer the mental hospitals.

Even though state mental health systems vary in their organizational patterns, it is possible, for illustrative purposes, to describe a hypothetical system which incorporates the features found in most state systems. This has been done in Figure 4.

The director, who is usually appointed by the governor, is the chief executive with overall responsibility for administration of the department. His staff may include: a legislative assistant who serves as a liaison officer with the legislature, and who may perform other special assignments, such as a liaison with the Attorney General on matters of litigation; a budget assistant, who prepares the department's operating budget and performs other related functions; a personnel assistant, who acts as liaison for matters concerning the Department of Civil Service and other personnel and employment matters, and a public information officer, who disseminates information to the public, the Legislature,

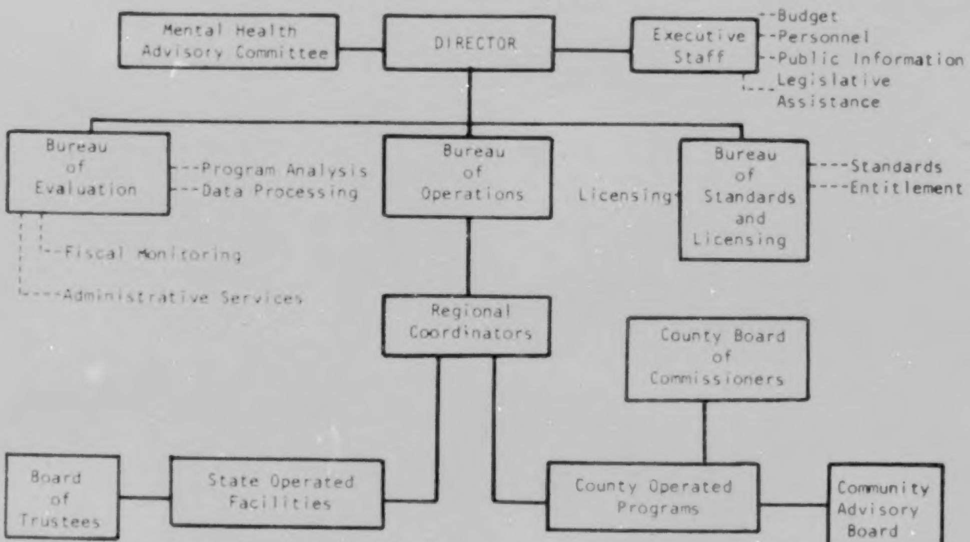


Figure 4. Hypothetical state mental health system.

etc., and produces departmental publications and reports. The director will also meet with the Mental Health Advisory Committee, which usually consists of interested and prominent lay and professional people to discuss program planning.

The Bureau of Evaluation is responsible for data processing, central office accounting, expenditure monitoring, providing management information, and various administrative matters including leases, bed-count system, personal property claims, etc.

The Bureau of Standards administers the licensing program, interprets statutes, rules and policies, produces and distributes the administrative manual, and coordinates Medicare and Medicaid programs.

The chief of the Operations Bureau directs the coordination of state and local mental health services. The regional coordinators provide consultation, staff work and service to state hospitals and schools and program supervision and planning assistance to community mental health boards and state-local clinics on a regional basis.

Although the organizational pattern and titles are somewhat different, particularly with respect to the administrative division between mental health and mental retardation services, essentially the same functions are represented in Figure 5, which is a diagram of Oregon's state mental health system.

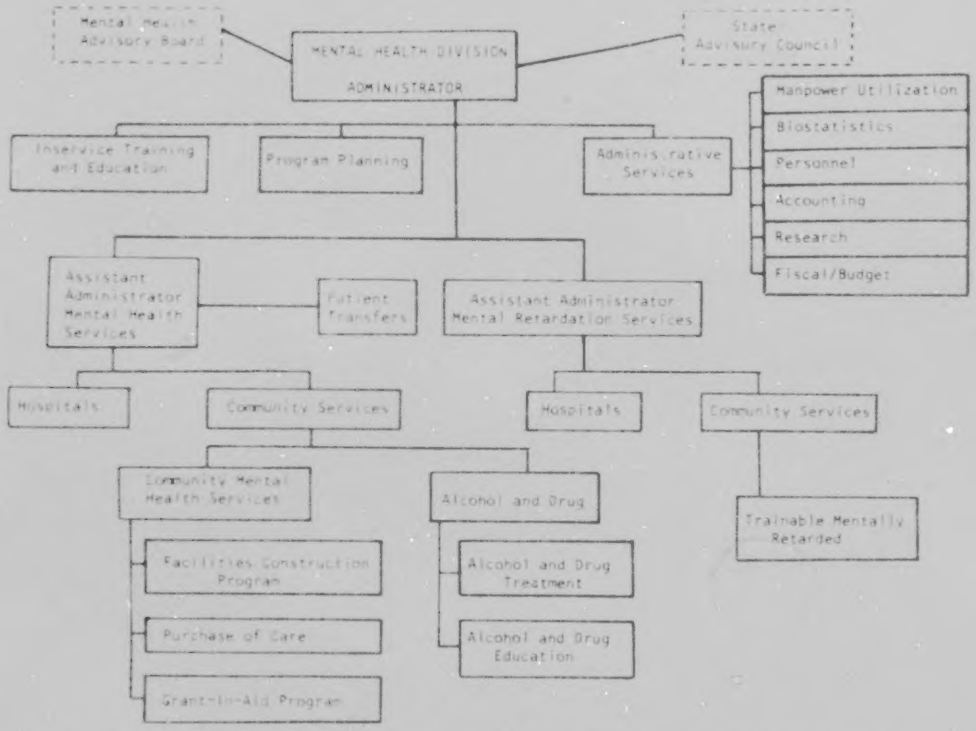

Mental Health Advisory Board
MENTAL HEALTH DIVISION ADMINISTRATOR
State Advisory Council
Inservice Training and Education
Program Planning
Administrative Services
Manpower Utilization
Biostatistics
Personnel
Accounting
Research
Fiscal/Budget
Assistant Administrator Mental Health Services
Patient Transfers
Assistant Administrator Mental Retardation Services
Hospitals
Community Services
Hospitals
Community Services
Community Mental Health Services
Alcohol and Drug
Trainable Mentally Retarded
Facilities Construction Program
Purchase of Care
Grant-In-Aid Program
Alcohol and Drug Treatment
Alcohol and Drug Education

Figure 5. State Mental Health System of Oregon (From: Oregon State Plan for construction of Community Mental Health Centers.)

VIII. PATTERNS OF INTERACTIONS WITH OTHER SYSTEMS

Within each state, the responsibility for the delivery of mental health services is typically dispersed among various agencies although, to comply with federal regulations, one agency is designated as the mental health authority. Welfare departments, correctional authorities, health departments and school systems employ mental health personnel and administer mental health services to an extent which varies from state to state and locality to locality. Consequently, a single target population is frequently served by a variety of agencies. For example, services for retarded children may be within the province of the Department of Mental Health which operates state schools for the retarded, the Department of Education which directs and supports public school classes for retarded children, and the Department of Public Health which screens newborns for inherited disorders associated with mental retardation. In some cases, this division of responsibility has encouraged agencies to develop individual, narrow problem-orientations at the expense of more comprehensive planning perspectives.

The issues surrounding interagency relationships, comprehensive planning, and coordination of services are becoming more critical and complicated as traditional jurisdictional divisions between agencies erode. Welfare departments are coming to focus more on mental illness as a cause of dependency (and *vice versa*) and less on merely providing for dependents; correctional authorities are moving toward the treatment of mental illness and retardation and away from the habitual and exclusive use of incarceration, and school systems are escalating their involvement with providing mental health services. Connery (1967, pp. 513-514) cogently describes these developments:

> Despite the apparent trend toward unifying mental health activities in a single department, splintering of mental health functions among agencies of a single government seems to be growing. In an earlier governmental period of organization, functional divisions among agencies seemed logical and relatively clear-cut. But as the public's rising expectation of service and the growth of knowledge about the causes and treatment of social ills progressed, either of two things has happened: if the old-line agencies did not move progressively toward taking on new responsibilities and adopting new methods, dissatisfied client groups would demand a new agency. To avoid this, agressive, responsive, or imperialistic department heads moved to broaden the services of their agencies to answer the new demands. In either case, the jurisdictional lines between agencies become fuzzy.

As more agencies jump on the mental health bandwagon, competition for the driver's seat becomes keener. This situation was summarized with penetrating simplicity at a National Association for Mental Health workshop: "everybody wants to coordinate and nobody wants to be coordinated (Joint Information Service, 1969, p. 48)." Further complications of interagency relationships arise from the sometimes scanty and ambiguous conceptualization of social problems. For example, there is little consensus as to whether drug abuse is primarily a public health, mental health, educational, or legal problem. To say that all of these approaches are relevant to the problem does not resolve the difficulties of coordination leadership and responsibility which arise from this reasonable conclusion. In the past several years, there has been a proliferation of coordinating committees and interagency task forces intended to cope with the obvious limitations of Adam Smith's "invisible hand" within a bureaucratic social structure. The most consistent benefit derived from such groups, which are often *pro forma*, is that they bring people together from various agencies, in some instances for the first time.

Thus, from the vantage point of upper-level administrators, the relationship of the mental health system with other human service systems often involves competition for funding, clients, personnel, and statutory authority. An illustrative, if extreme, example of agency competition occurred in the state of Washington where the Division of Mental Health within the Department of Institutions virtually supplanted the designated mental health authority of the Department of Health by offering more vigorous leadership in research, treatment, and community programs and by acquiring "a virtual monopoly of professional skills and knowledge in the mental health field (Kroll, 1967, p. 175)." Obviously, the salience of competitive factors mitigates against the development of cooperative interagency relationships. Interagency communication is also limited to the extent that the forces of customary procedure, which favor agency independence and isolation, outweigh the recent rhetorical emphasis on cooperation.

In fact, the relationships among state agencies often derive from the customary *ad hoc* relationships among the various agency heads and among middle-management employees. These relationships may be based on a variety of factors, such as professional ties or the contacts of individuals who have worked for different agencies in the course of their careers. The unfortunate tendency of these relationships is "to deal with special and specific problems rather than confront broader issues (McCleskey, 1968, p. 103)." In this field study of the mental health system it was noted that an "agency head indicated his belief that interagency relations were good and gave as an example his success in getting a prosthetic aid from another agency for a legless youth in his care by merely picking up the telephone (McCleskey, 1968, pp. 102-103)."

Given the orientation of the 1963 CMHC Act, with its emphasis on early diagnosis, prevention and continuity of care the coordination of services has developed into a *de rigeur* factor in mental health planning. The Joint Commission on Mental Health of Children returned to this theme throughout its extensive report. Its recommendations regarding the establishment of a child advocacy system represent, in part, an attempt to cope with the dilemma inherent in uncoordinated and fragmented services for children. Inevitably problems of coordination at the state and federal level of planning have consequences at the level of service delivery. For instance, because the geographic service areas of various social service agencies do not necessarily conform to the catchment areas of mental health clinics "the staff of local clinics may deal with as many as four family service groups, and conversely a family service group may have to deal with two or three clinics (Marden, 1967, p. 372)."

Relationships with the Educational System

The basic relationship between the school system and the mental health system consists of the former finding cases and making referrals to the latter. Although most school systems have, or have access to, special educational programs for emotionally disturbed and mentally retarded children, they cannot handle cases which require extensive or prolonged treatment. Schools are the primary source of referrals for many mental health centers; the children referred have often behaved in a manner which has led to their being excluded from school, or they have been threatened with exclusion if they do not participate in treatment programs.

The mental health system is rhetorically committed to the principle that

> the school is the normal socializing institution for the child, while the mental health service is by definition a deviance intervening agency, and consequently, to the greatest extent possible the child should be retained, maintained, and served in the former rather than the latter (Joint Information Service, 1972).

This rationale and the system's broader commitment to the preventative interventions have led to an increased emphasis on school consultation programs which attempt to enhance the social climate of schools and the mental health skills and sensitivities of educators. However attractive the ideal, attempts to treat the school rather than individual children often conflict in practice with the school's customary need to "place out" or change children who disrupt its operation. Also, by extending the service locus of mental health workers into the schools the mental health system hopes to encourage schools to assume

> increasing responsibility for the total child, so that school personnel will include people with the capability and experience to provide some of the clinical interventions which must for the time being be furnished by the mental health center (Joint Information Service, 1972).

Relationships with the Legal-Correctional System

Juvenile courts are another significant source of referrals for mental health centers. Some states, like Massachusetts, have a separate network of clinics attached to the juvenile courts, but in most states the courts refer offenders to mental health centers when a diagnostic evaluation is desired. The juveniles referred cover a wide range of offenses, including minor thefts, grand larceny, assault with a deadly weapon, drug abuse, etc. The mental health system also provides some or all of the following services to the legal-correctional system according to the locality: psychiatric consultation to institution staffs, psychological services in reception centers, judicial and police training, other pre- and in-service programs, and psychiatric social work services in after-care or probation programs.

Relationships with the Social Service System

Similarly, welfare departments are usually consumers of mental health services and serve to link mental health services and facilities with people requiring those services. The relationship is occasionally reversed, as in some Minnesota localities, where welfare boards provide after-care for discharged mental patients (Backstrom, 1968).

IX. POWER AND POLITICAL STRUCTURES

Decisions affecting the mental health system result from a pluralistic process involving interactions among professional groups, mental health interest groups, federal, state, and municipal governments and agencies, and citizens boards. Although the patterns of influence vary widely from one state to another, there is a fairly consistent cast of political players. In this section, the players are described in terms of their sources of power, available tactics, limitations and goals.

Professional Groups -- Psychiatry

In the mental health system, psychiatrists are the most influential professional group. They are represented nationally by the American Psychiatric Association, and as medical doctors they also have access to the most powerful professional organization in the United States: the American Medical Association (AMA). Each of these organizations has affiliate associations at state and local levels. The AMA and state medical societies have legislative and mental health committees which are particularly involved in mental health decision-making. Among the doctors opposed to the extension of "state medicine" is a group of private psychiatrists organized as the Associated General Hospital Psychiatrists; however, the position of this group is shared by a minority within the psychiatric community. Many psychiatrists are engaged, at least part-time, in state-supported hospitals, clinics, and research facilities, and many do not take a position one way or the other concerning "state medicine" because they have an abundance of private clients. Because few private psychiatrists devote much time to children, state-supported clinics for children have not represented a salient threat of socialized medicine.

The influence of the psychiatric profession of the mental health system derives from: its long-standing involvement with the mental health system, accrued economic and social status, highly-placed members, a virtual monopoly on prescribing medication and authorizing commitment, and medical financing mechanisms (health insurance) which favor M.D.'s. Particular psychiatrists may have access to other sources of influence as do, for example, faculty heads of psychiatry departments. Generally, psychiatrists use their influence to insure the continuation of their professional dominance within the mental health system. This pursuit may involve supporting the mental health policy that treatment of the mentally ill be directed by an M.D., lobbying for legislation which designates a medical degree as one qualification for the post of Commissioner of Mental Health, trying to get CMHC's attached to general hospitals, or attempting to design mental health facilities for their own practice and training purposes. There is also an expanding group of psychiatrists who are striving toward more radical and consumer-oriented goals, but they are a minority with minimal grassroots or organizational support from their colleagues. Consequently, their power bases are generally allied with public interest and client groups.

There are several potential limitations to the influence psychiatrists exert on the mental health system. In some localities, the code of medical ethics is interpreted to mean that physicians should not seek public leadership. Many psychiatrists are oriented toward private practice and have only a minimal interest in community action insofar as it is not directly connected with their services and careers. Another potential limitation is the relatively low status of psychiatry within the medical profession. Finally, the other mental health professions are becoming increasingly antagonistic to a system which assumes "the superior authority of any M.D. — no matter how junior — over any non-medical person — no matter how eminent (Marden, 1968, p. 366)." Psychology and social work have emulated many of the organizational methods of psychiatry, and have at their disposal a similar array of influence techniques (boycott, political lobbying, withholding legitimization, etc.) but these professions have not yet emerged as major factors in the formal processes of mental health decision-making. It should be noted, however, that inasmuch as a mental health center *is*, to a great extent, what these professionals *do*, their influence can be significant at the level of service delivery.

Client Interest Groups — National Association for Mental Health (NAMH)
National Association for Retarded Children (NARC)

Both NAMH and NARC are national organizations with state and local affiliates. Their goals consist primarily of educating the public and various leadership structures, and mobilizing community support for mental health programs and service concepts they support. Mental Health Associations generally enlist the participation of leaders in business and religion, of professionals and of society personages. Usually, local Associations for Retarded Children are more popularly based and include the intensely personal participation of parents with retarded children. The tactics of both organizations run from the "militant, bare-knuckle" variety to private persuasion and perseverance, depending on the situation and location.

Mental Health Associations are often formed in localities as a facilitating step toward the creation of a child guidance clinic or similar facility. This step is particularly important, given the mental health system's movement toward local development and community participation in planning and financing. It is the responsibility of the local organization to generate political pressure upon the legislature as the need for additional staff or services develops. Associations for Retarded Children are involved principally in the struggle for improved custodial care, research, and better educational facilities. They tend to be more militant in their strategy than Mental Health Associations because of their greater consumer participation (parents of retarded children).

The relationship of Mental Health Associations and Associations for Retarded Children with state and local authorities varies with location and situations. Associations for Retarded Children have worked against mental health departments in some areas, by generating pressure to upgrade state schools for the retarded when mental health officials were emphasizing community mental health centers. The following description of a campaign illustrates the pressure tactics at the disposal of interest groups:

> How mental health impinges on the realm of politics is illustrated in the recent establishment of a suicide prevention service. For three years the commissioner of mental health advocated the initiation of this type of service. In the Spring of 1967 the Health Committee of the Board of Supervisors introduced the necessary legislation. At the request of the minority leader, the proposal was tabled for a month. As soon as the board postponed consideration of the bill, an active campaign was mounted in its support. Letters supporting the measure appeared in local newspapers. Editorials raised the question of whether the minority leader, a candidate for the office of county executive, was not playing politics, furbishing his image as an economy-minded leader at the expense of lives. The opposition was charged with insensitivity to suffering. At a subsequent meeting of the Board of Supervisors, passage of the legislation was achieved (Friedman, 1968, p. 122).

Mental Health Associations have also utilized individual board members, whose influence may be derived from sources outside of the mental health system, to forward their goals. For example, in Louisiana the Mental Health Association has the state president of the AFL-CIO on its board and is able to employ his skill and influence with the legislature.

One criticism that has been made of the system of citizen leadership now emphasized in the mental health field is that:

> [illegible] were much more common in some areas than others. They were [illegible] affluent suburbs of smaller cities. Consequently, the early mental health [illegible] were frequently established in the areas that needed them least, while [illegible] which needed the services most, were less likely to be organized (Marden, 1968, p. 35).

Mention should also be made of the potential effect "muckraking" journalism can have on the mental health system. The tradition of exposing the "snake pits" of mental hospitals has continued episodically for more than a century and was recently manifest in a series of startling television reports on the conditions of custodial institutions for retarded children in New York. Insofar as these reports temporarily raise the salience and relative status of mental health issues in the legislative mind, they can have considerable, if perhaps short-term, impact on the mental health system. A more permanent and organized form exposing abuses and inequities of public and private institutions has been developed in consumer-protection agencies, such as Ralph Nader's Center for the Study of Responsive Law in Washington. The influence of such groups remains to be measured.

Local Mental Health Boards

The concepts underlying the extensive community mental health program are sufficiently broad or unclear, depending upon one's perspective, to allow varying local attitudes and institutional factors to influence implementation. Specifically, local mental health authorities have a great deal of leeway and proprietary influence with which to effect the service structure of community mental health clinics. According to the National Mental Health plan, this authority should be exercised by what is referred to broadly as "the community;" however, there are no firm federal "guidelines as to how the concept of citizen involvement in the centers should be accomplished (Chu, Vol. II, 1972, p. 56)." In fact community boards are not required at all by federal law, nor defined by regulation. According to the *Community Mental Health Center Policy and Standards Manual* (quoted in Chu, 1972, Section II, p. 56), "community involvement may be formal or informal, and may include representation on policy and advisory boards." A study of Responsive Law (previously mentioned as an influence group, with a consumer orientation) concluded that

> The degree to which citizens are involved, and in what they are involved are left entirely to the discretion of the professionals in charge of the center. All of our case studies [five] illustrate the phenomenon. In only two centers is community participation taken at all seriously, and only in one were citizens involved at the outset. In *none* of the centers do community advisory boards have any legal authority or responsibility (Chu, Vol. II, 1972, p. 57).

A study conducted by the Health Policy Advisory Center found that (in six centers) consumer involvement was formal, but of negligible content, whereas professionals had informal but essential influence (cited in Chu, 1972). An investigation (NIMH) of six poverty area centers found the following types of community involvement: three were described as elitist boards consisting of prominent citizens and few if any consumers; one board had potential consumers represented but had a narrow advisory function; another was in the process of developing a consortium of consumer and agency representatives; and one embodied the point of view that community residents on the staff constituted citizen participation. The authors pointed out that all but one (the last) reflects

> middle-class patterns of citizens involvement, with historical roots in charity-minded boards of housewives, businessmen and professionals lawyers, ministers, judges, etc. whose main function is to raise money and who do not question the domination of professional interests over consumer interests (Chu, Vol. II, 1972, p. 58).

The local political climate for social services generally, and mental health services in particular, may vary widely from community to community, and can "greatly influence the probabilities of developing the kinds of support, both political and financial, necessary for any significant expansion of public supported mental health programs (Connery, 1967, p. 80)." While some states and localities have a progressive tradition of innovation and leadership in the provision of social services, others "have been reluctant to provide anything other than the minimum in the way of governmental services (Connery, 1967, p. 80)." In some areas where the state's rights ideal is strongest, there is a tendency to not go beyond satisfying the minimal legal and financial requirements to receive federal funds.

X. INFORMATION FLOW

The types of information recorded by units within the mental health system can be divided into two main categories: administrative feedback and mental health feedback. The former concerns the quantity and typology of clients served and services rendered, the economic statistics of health care, and the availability and utilization of specific facilities. The latter concerns the quality of care, its effectiveness, and the nature and incidence of mental health problems in the population. Administrative feedback is emphasized, although it is routinely misused and often regarded as completely unimportant by the mental health workers who actually deal with clients at the local level. Except for specific problems, such as alcoholism, the information that serves as feedback on the quality and effectiveness of mental health care is not standardized, and is little used to guide developing programs.

Administrative feedback exists for economic planning purposes within local mental health institutions, but the main flow of information is between levels of the mental health hierarchy, from the local to the state level and from the state to the national level. The state provides forms for information required of local agencies and often provides most of the summarizing services. The local units typically report required information on a case-by-case scale, supplying, in addition, summary statistics on the case loads per worker, the average lengths of stay, the enrollment in certain programs, the drug administration records, figures on space and facilities utilization, admission and discharge rates, and per-patient costs for various types of services. The state in turn supplies, on federal forms returned to the national administration offices, summary statistics on these features of mental health care within the state as a whole. It is important to note that at the local level the area served is often not represented by a single local governmental unit, since mental health regions are often catchment areas comprising several counties. This, in some cases, gives the administration of local mental health units greater autonomy and freedom from focused political control than is true at higher levels. At the local level, administrative records are regarded as less important, and less sophisticated cost-control systems have been developed. Feedback from the state level to the local level on such statistics is not very complete and does not have visibility at the local level. At the local level, individual governing boards have the most freedom to override cost-control considerations on the types of treatment to be provided. At higher levels a bureaucratic ambivalence comes into play, as evidenced by the current increasing emphasis on more cost-effective programs and shorter treatment strategies, contrary to the recommendation of the report of the Joint Commission on Mental Health (1970), which calls for more money to be spent on mental health, for less piecemeal and more integrated, possibly longer-term, treatment programs.

Administrative and control information is often used for evaluation rather than for research purposes. As pointed out by Miller (1973), the intent of this evaluation is often to justify the existence of the programs rather than to provide a basis on which the system can examine and improve itself. The use of the information is political; often, the statistics used, while accurate and sophisticated, are selectively presented to show only what is politically desired. Conclusions and implications are often drawn on the basis of statistics which, in a more rigorous sense, do not contain enough control information to support the conclusions. This is not an indictment of the political and persuasive use of such statistics; it is a comment on the lack of separation between the necessary, legitimate political collection of statistics and the equally important neutral, objective collection of statistics for program guidance and operating decisions. There is a natural control, however, even on the biased nature of the statistics collected: groups with competing interests will tend to prevent serious distortions from going unnoticed. On the other hand, the dominance of some administrative statistics — especially cost-effectiveness and length-of-treatment statistics — exerts an influence on programs and facilities. They promote an emphasis on seeking more cost-effective, shorter programs rather than better mental health care.

While administrative feedback satisfactorily serves only limited functions, mostly persuasive, the feedback on the quality of mental health care (with some exceptions) is not generally satisfactory.

The effectiveness of the major tranquilizers and other neuroleptic drugs in ameliorating the treatment of schizophrenia, for example, is at the cost of some very undesirable side effects, such as Parkinsonism. Research feedback on these side effects shows many of them to be reversible — that is, once the drug is withdrawn, the side effect gradually disappears. However, many patients are permanently maintained on the drugs, so the "temporary" side effects are permanent. In addition, the demonstrated usefulness of such drugs in certain disorders has led to their use in other, less easily treated conditions where the drugs' effectiveness is contestable. The current mental health system can only operate on its current scale with the help of such drugs, since they are considerably less expensive than any other treatment alternatives. Thus the drugs are used in conditions where alternative treatments have only irregular success. The extent of the drugs' success may be only to make the patient less of a drain on the resources of the mental health facility; his condition may not be improved, and undesirable side effects may persist (Crane, 1973).

In general, the mental health system does not separate its use of information for curative or ameliorative purposes from its use of it for custodial purposes. There is almost no information routinely collected on preventive measures or needs, such as information on the stress and work conditions of daily life as they may affect the public mental health. The position taken in this paper is that the mental health system is not likely to be able to generate better mental health feedback or better information on the quality of care rendered until there is a clearer conceptualization of what "mental health" is, and a clearer public mandate for the system to provide curative care rather than custodial care.

The following are seen as preconditions for the improvement of both kinds of information flow in the mental health system. First, the feedback must be separated from bureaucratic and political control. Second, a clearer idea of the definition of mental health must be developed. This may necessitate the invention and standardization of social indicators of mental health, not unlike our society's plethora of indicators of economic health. Third, there needs to be a set of priorities established, stating which conditions are regarded as treatable and hence to be treated, and which are untreatable or too expensive to treat, and hence to be relegated to custodial care. The underlying issue of heterogeneity of definitions and of priorities is highly relevant to this discussion. Is there only one major form of mental health, one set of mental health priorities, into which all varieties of personalities can fit, or would such an ideal reflect merely the tyranny of the majority?

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THE TREATMENT OF DEVIANCE BY THE MENTAL HEALTH SYSTEM: A CASE STUDY

by

Jonathan Kantor

I. INTRODUCTION: FACILITIES, PERSONNEL AND SERVICES

The Noah-Birch Valley Community Mental Health Service Board is the local public agency authorized under Public Act 67 to deliver mental health services to residents of Noah, city and county. Public Act 67, the state legislation providing for the establishment of local community mental health centers, enables cities and or counties to receive state funding for the establishment and operation of local mental health services. These community mental health agencies must offer a full range of services including diagnostic and treatment services (inpatient, outpatient, and emergency), and collaborative, consultative, and educational services to other community agencies including the Department of Social Services, the Courts, the public schools, etc.

The Noah-Birch Valley Community Mental Health program is directed by a twelve member board comprised of six County Commissioners and six lay persons. The program is directly administered by a half-time director (psychiatrist), an administrative assistant, and a secretary. The program is composed of the following agencies: The Blanche Johnson Mental Health Center, the Salvatori Center for the Mentally Retarded, and the Emergency Counseling Center and Drug Free Clinic. None of these agencies have the capacity to provide long or short term inpatient psychiatric services. These inpatient services are available at the MacDonald Hospital in Noah (short term inpatient care), the Children's Psychiatric Hospital and other units of the University Medical Center in a nearby town (short term inpatient care and diagnostics), and Marie Antoinette State Hospital (long term inpatient care). As the legal responsibility for providing services for mentally retarded individuals under the age of 25 is in the hands of the public schools, no such services are formally offered at the Salvatori Center.

Blanche Johnson Mental Health Center

The Blanche Johnson Mental Health Center (BJMHC), housed in a small, modern building in the northwest corner of Noah, is the center for mental health services provided under Public Act 67 by the Noah-Birch Valley community Mental Health Board. Blanche Johnson Mental Health Center is responsible for providing the following services:

1. outpatient psychological services for children and adults, including individual psychotherapy, group therapy, family and marital counseling, and crisis intervention therapy;
2. pre-treatment screening for children and adolescents requiring inpatient care, as well as outpatient aftercare for inpatients returning to the community;
3. evaluation and testing services for many community agencies; and
4. collaborative, consultative, and educational services to other community agencies such as the Department of Social Services, the Juvenile Court, the public schools, the Salvatori Center for the Mentally Retarded, the Emergency Counseling Center, day-care and youth homes, etc.

Blanche Johnson Mental Health Center is staffed by a director (psychologist), receptionist, a secretary and a secretary-office manager, and a full-time clinical staff of six psychologists and eight social workers. At present, four psychologist and two social worker positions are unfilled. In addition, the PA 67 director and two other psychiatrists are available on a part-time consultative basis to the Clinic. Figure 1 illustrates the structure of the Center.

Cases. In the first half of 1973, 617 individuals contacted the Clinic for treatment. Of these contacts, 216 were children and adolescents (119 males, 97 females). A more complete study of 57 cases selected at random reveals that 13 per cent of cases did not appear for appointments, 10 per cent of cases were requests for testing and evaluation, 37 per cent of cases were withdrawn from treatment prior to termination, and 27 per cent of cases proceeded through treatment to termination. The Clinic's clientele is overwhelmingly Caucasian (92 per cent) with a scattering of Black (six per cent) and Mexican American(three per cent)clients. The net income of Clinic families follows a bimodal distribution — roughly 40 per cent qualify for Social Security or Public Assistance, roughly 30 per cent have incomes of $10,000 per year. The average fee charged to non-insured clients is three dollars per week. Some 32 per cent of the clientele reside in the city of Noah, the greatest proportion of these in a middle class area. The remaining 68 per cent reside in outlying townships. Referrals to the Clinic from various sources were as follows: sixteen per cent were at the suggestion of the Juvenile Court; twelve per cent were at the suggestion of the Department of Social Services; 26 per cent were at the suggestion of the public schools; fourteen per cent were at the suggestion of a medical resource; sixteen per cent were at the suggestion of a mental health resource, and seven per cent were self-referred.

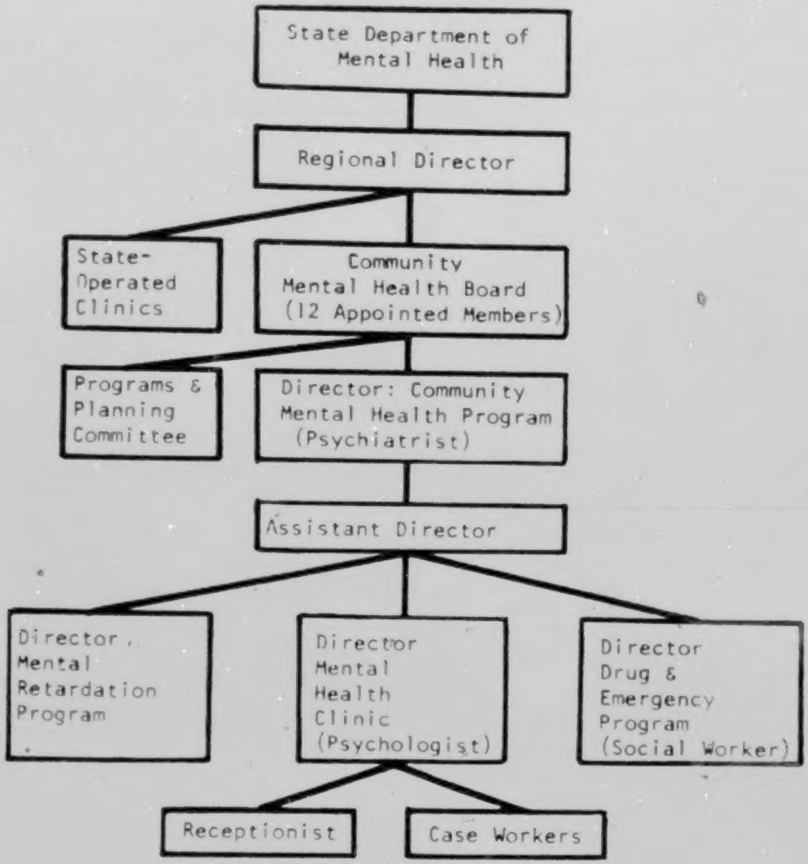
State Department of Mental Health
Regional Director
State-Operated Clinics
Community Mental Health Board (12 Appointed Members)
Programs & Planning Committee
Director: Community Mental Health Program (Psychiatrist)
Assistant Director
Director, Mental Retardation Program
Director Mental Health Clinic (Psychologist)
Director Drug & Emergency Program (Social Worker)
Receptionist
Case Workers

Figure 1. Structure of the Blanche Johnson Mental Health Center.

Emergency Counseling Center and Drug Free Clinic

The Emergency Counseling Center (ECC) and the Drug Free Clinic (DFC), located in an office building in the southeast corner of Noah, were two separate agencies that merged under the aegis of the PA 67 Board this year. Since both agencies provided drug related services, it was hoped that the merger would create a single agency with a comprehensive program of drug services. The combined agencies have a full time director, a secretary, a staff of five ex-addict paraprofessional counselors, and a staff of thirty-five volunteer telephone workers. The ECC-DFC provides three major services: a methadone maintenance and detoxification program for heroin addicts, a 24-hour crisis telephone service, and a walk-in counseling service.

Drug Free Clinic's methadone program has a capacity of 40 addicts. The program is currently filled; none of the clients of the program is adolescent. According to the Drug Free Clinic's Director, the absence of adolescents in the methadone program reflects the fact that heroin and hard drug abuse is not a significant factor among the county's youth. Emergency on-call facilities to deal with drug-related crises, drug educational programs for adolescents, teachers, and parents, and outreach programs designed to provide services to adolescent drug users in the schools and the community do not exist at the Drug Free Clinic and are not being planned at this time.

Adolescents having bad drug experiences are usually seen at MacDonald General Hospital on the adult psychiatric ward. The Director of the PA 67 Board estimates that over thirty adolescents are admitted to the adult psychiatric ward at MacDonald Hospital per year, and that about one-half of these admissions involve drug use.

The Emergency Counseling Center operates a 24-hour crisis telephone service to meet an individual's immediate counseling needs in personal, psychological, and drug-related problems. The telephones are operated by a thirty-five member volunteer staff who each receive forty hours of training. In addition to the volunteer staff, ECC has a back-up staff of professional counselors to handle emergency calls if necessary. In a given month, ECC handles between 500 and 800 calls. Of these, some 200 involve chronic or repeat callers, another 200 involve requests for referral and information; the rest involve personal concerns in areas such as parent-child relations, drugs, sex, dating, alcohol, pregnancy, etc. In a given month, between ten and fifty emergency calls are received. Since ECC does not require the clients to identify themselves or give any personal history, it is impossible to statistically classify the clientele in any way.

Emergency Counseling Center also offers its clients short-term face-to-face counseling. This service is not heavily utilized; it is estimated that, in an average month, between five and fifteen people may use walk-in counseling facilities. No records are available on the walk-in clientele. Counselees are occasionally referred to Blanche Johnson Clinic for longer term counseling, although follow-up statistics are not available.

II. CLIENT PROCESSING PATHWAYS, NARRATIVE DESCRIPTIONS

Emergency Counseling Center

Most people who contact the ECC talk to the telephone counselor about their concern and exit from the system. Callers may request some specific information in regard to community services, commercial enterprises, etc. Or, callers may have some personal, but non-crisis concern to talk over. Typically, the counselor takes a call and sizes up the caller's contact to detect immediate or underlying personal or psychological concerns. In most cases, personal or psychological crises are not involved; the telephone counselor dispenses information or counsels the client and finishes the call. Emergency Counseling Center's Director estimates that only three calls per week (less than one per cent) are referred to back-up counselors. No statistics are kept on the disposition of calls referred to back-up counselors. Occasionally, callers are referred to face-to-face counseling. No statistics are available on the number of people actually referred by telephone counselors to face-to-face counseling, or on how many of those referred actually appear. Judging from the low ratio of face-to-face contacts (fifteen per month) to total calls (550 per month), it appears that face-to-face counseling is not a major client route.

Blanche Johnson Clinic

Clients travel along three basic paths at the Blanche Johnson Clinic — outpatient treatment, evaluation and testing, and inpatient treatment. Demand for evaluation and testing and inpatient care is relatively small; most people follow the outpatient treatment path. Figure 2, the Client Processing Pathway, is a map of key decision points in the clients' progress in treatment through the Blanche Johnson Clinic: referral, contact, case assignment, evaluation and testing, inpatient care, treatment, and termination.

Referral. In the majority of cases, a referral to the clinic takes the form of a parent bringing a child in for treatment because of behavior problems at home or in school. Referrals reflect a myriad of problems — from difficulty in living with an unruly child, to a deeper discord within the family, between parents, or within a family member. In some cases, children are referred at the suggestion of the school because the child's academic performance or classroom behavior has come to the attention of the teacher or social worker.

Occasionally, a child may be referred at the suggestion of the Juvenile Court or Department of Social Services in cases involving criminal matters or child neglect. In a few cases, adolescent clients refer themselves for treatment as a result of their personal experience — bad drug trip, abortion, unhappiness, etc. The clinic also receives referrals from inpatient services: Marie Antoinette State Hospital in Parry or MacDonald General Hospital in Noah.

The referral procedure for parents bringing children to be treated is quite simple. The parent contacts the clinic, gives brief background information, and brings the child in for treatment. The referral procedure in cases involving outside agencies has not been thoroughly specified. At present, Blanche Johnson does not have fully operative liaison programs with many of its feeder agencies, most notable with the Department of Social Services, the Noah Public Schools, and Marie Antoinette State Hospital, nor does it have an internal administrative structure around which to plan and process interagency policies and procedures. The lack of official contact between Blanche Johnson and these other agencies is reflected in the lack of operational procedures governing the transfer of information between systems (records, evaluation, recommendations), a lack of clarity and agreement between agencies regarding general responsibility, and a lack of communication between the staffs of these agencies. For example, there is no official procedure governing the flow of information to BJC from

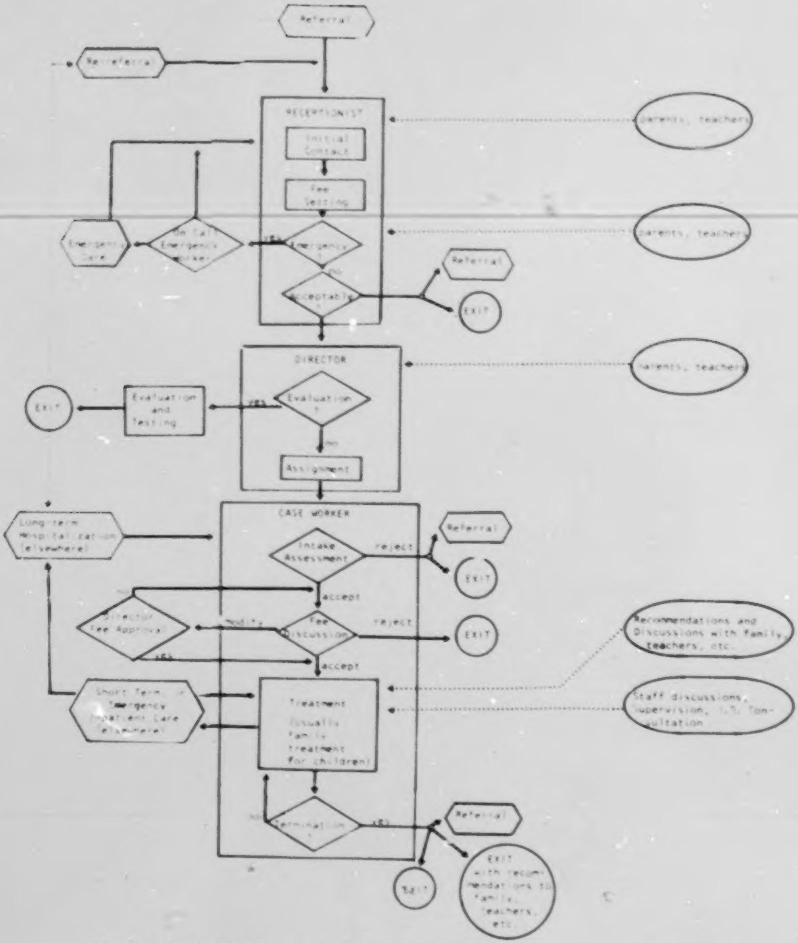

Figure 2 Mental Health Clinic, Client Processing Pathway

Marie Antoinette State Hospital when an adolescent is released from inpatient status to outpatient aftercare. As a result, when a case is referred to the clinic, the therapist may have no knowledge of the child's case history and treatment history, may not know his home situation or the particulars of his disposition. It is left to the individual therapists to track down this information — a difficult and time-consuming process. In regard to the public schools, preliminary meetings have failed to iron out official inter-agency referral policy and procedures, or to reach a consensus on each agency's expectations of the other. Follow-up meetings have not been scheduled. At present, no BJC staff member is serving as liaison to the Department of Social Services, and there is little official traffic between the two agencies, even though the two agencies are located less than one block apart.

Contact. At first contact, the clinic receptionist: 1) takes background information on the client, the client's family, and the presenting problem; 2) makes a preliminary fee assessment; and

3) checks to see that the proper release of information forms have been signed by the parents. Most cases pass to the Clinic Director for assignment. Occasionally, a crisis case requires immediate attention and is referred to the staff member having emergency on-call duty that day. Such a case may require crisis intervention work over the telephone, an immediate visit to the clinic, or placement in a hospital. Emergency situations are handled at the discretion of the therapist on emergency duty; there are no official guidelines for handling emergency cases. Emergency cases may exit the system after crisis treatment, be referred to inpatient care, or enter the clinic as outpatients.

Very few cases are screened out at contact. The receptionist does not make any determination regarding the appropriateness of a case for treatment or the relative urgency of the presenting situation. Occasionally, the receptionist may redirect a caller who has obviously contacted the wrong agency. But for the most part, cases pass unscreened from the receptionist to the Clinic Director for assignment.

Fees are initially set by the receptionist from a schedule of sliding scale fees based on the parents' combined net pay less a deduction for the number of dependents in the family. The clients are informed that adjustments in the fee rate are negotiable with the therapist. At intake, the parents and therapist may tentatively plan to adjust the suggested fee rate. Final adjustments in the fee rate are subject to review and approval by the Clinic Director. In practice, the Director rarely approves downward adjustment of fees.

Case assignment. Cases are assigned to therapists for intake and treatment by the Clinic Director based on 1) available space in a therapist's schedule, and 2) the Director's evaluation of the most appropriate match of client to therapist. The assignment of a given case may involve conferences with individual staff members, but this is not a routine part of the case assignment procedure. Full staff meetings to discuss case assignments are rarely, if ever, held.

Each therapist is responsible for maintaining a full case load of twenty-two client interviews per week. Therapists whose weekly interview count falls below twenty are considered to have room in their case load for new cases. In some instances, cases are assigned to therapists with full case loads; if the entire staff has full loads and the referral rate is high, each therapist may be assigned an extra case. Group therapy sessions, consultation sessions, and approved workshop attendance are included in each therapist's weekly interview count. Cancelled interviews or "no shows" are not included in a therapist's weekly tally.

To some extent, case assignments are a function of the Clinic Director's evaluation of the staff's expertise and interest. Therapists become identified with specific treatment areas and are frequently assigned cases in those areas. The process by which therapists become identified by the Director with specific areas is not formally specified and includes neither staff meetings nor individual conferences between the Director and individual staff members.

The case assignment procedure functions to distribute cases; it does not screen them. There is no procedure for screening or prioritizing cases by urgency for intake and treatment. Unless a caller conveys a clear sense of urgency to the receptionist, or the Clinic Director picks up unusual or difficult circumstances in the receptionist's brief case report, cases are not earmarked for special handling. Most cases are funneled, ungraded, to the therapists for intake and treatment.

Evaluation and testing. Occasionally, the Juvenile Court or the Department of Social Services requests that the clinic test or evaluate a child. These agencies may want a child evaluated for disposition — should a child be placed in foster care? recommended for parole? recommended for treatment? etc. Sometimes, the Court or Social Services may request a specific category of placement — for mental retardation, to determine eligibility for ADC, or for mental retardation, brain damage, or psychosis to determine eligibility for residential placement. Requests for evaluation or testing, like treatment cases, are assigned by the Director to staff psychologists who have available time. Appointments for evaluation or testing interviews are scheduled by the therapist at their earliest convenience. Clients may be referred back to the originating agency after testing, but may be re-referred to the clinic for treatment.

Intake. Therapists receive case assignments from the Clinic Director and call the child's parents to arrange an intake interview at their earliest convenience. Treatment of a case begins at intake; in reality, intake and treatment are not separated in the client's progress. The clinic's staff is strongly oriented toward a family treatment model of child therapy — a child's problems are seen as reflections of, or reactions to, the home or school environment. Therefore, both the child and the parents are interviewed at intake, and the importance of the parents' involvement in treatment is stressed. Similarly, teachers or personnel from other agencies are often involved in treatment from the beginning. Discussions and conferences may be arranged by the therapist as needed after intake. Testing is not a routine part of each case; occasionally, a therapist may arrange for a child to be tested to determine if the child has an organic dysfunction.

If a case presents itself that can be resolved with superficial handling, or which is inappropriate for treatment, it may be screened out at intake. There are no specific procedures, policies, and guidelines for referring such a case to another agency. The question of where and how to refer a case to deal with an inappropriately referred case is left to the discretion of the individual therapist.

Treatment. Outpatient treatment of children or adolescents may take the form of individual psychotherapy, group therapy, aftercare, crisis intervention, or early childhood care. Different treatment modes may be selected based on the child's age and temperament. Young children may be treated via "play" activities, individually or in a group. Older children may be treated through "peer activities," individually or in a group. Individual psychotherapy becomes feasible for adolescents; encounter groups are also available. Currently, clinic personnel are involved in running four groups — a child play group(under age eight) a child activity group(ages eight to twelve), and two adolescent groups in conjunction with the staff of the Juvenile Court. Group therapy is not considered a lower level or less intense form of therapy, rather, a different, sometimes more effective mode than individual therapy. Interest in running other sorts of groups exists among the staff. However, given the unavailability of skilled supervisory help and the pressures of large case loads, the staff is unwilling to take on the burden of extra groups.

Recently, one of the staff therapists has initiated an Early Infant Treatment program, involving home visits to families with infants under two years of age. Referrals come from many diverse sources including family physicians, public health nurses, social workers, etc. By teaching correct child care techniques in homes where difficulties are perceived to exist, it is hoped that sources of child disturbance can be corrected early in life.

Long term inpatient care is uncommon in child cases. In all of 1973, a total of six Noah County youths were committed to long term care. While the Clinic screens all persons referred for commitment, the request for commitment does not usually originate from the Clinic. Case histories of children and adolescents who are recommended for long term care usually reflect considerable conflict within the family, schools, the court, and the Department of Social Service. Failing the stabilization of the child within any alternative environment, commitment is reluctantly sanctioned.

Short term inpatient care occurs in some 30 to 40 cases per year. Temporary breakdowns usually result in brief hospitalization at the General Hospital in the adult psychiatric ward. These cases are routinely referred to the Mental Health Clinic for outpatient care. Occasionally, a client in outpatient treatment may be referred for short term hospitalization to accomplish stabilization in a difficult time.

Outpatient aftercare of inpatients being returned to the community is one of the clinic's functions. No specific rules, procedures, or guidelines have been worked out for accepting referrals of hospitalized cases from the state hospital. The Clinic is informed of the status of cases from Noah County, the Director assigns a therapist to a case when it is up for discharge. Cases are assigned by sex — male adolescents to male therapists, female adolescents to female therapists. No procedure for an exchange of information between the Clinic and Hospital has been formalized, nor have procedures for working with the child's family and other helping agencies. These matters are left to the therapist.

Once treatment has begun, the involvement of parents and others continues. Parents are strongly advised to participate in the child's therapy. Frequently, the parents themselves are brought into treatment. Also, teachers and caseworkers are advised and consulted on the case's progress. Clinic staff members frequently discuss and evaluate cases on an informal basis.

Formal case discussion and evaluation in staff meetings or during casework supervision rarely occurs due to the small amount of official supervisory time available to staff (two hours per week), the absence of organized group discussion of cases, and the lack of experienced senior staff. Psychiatrist consultants are available to the staff for case consultation several hours per week. These consultant's hours are heavily used. In general, the amount of supervised case discussion, inservice training, and organized skill expansion by the staff is quite limited.

Termination. At some point in the treatment, the therapist and/or the child may decide that sufficient progress has been made to terminate treatment. At this point, the therapist may initiate a final round of consultations with parents, teachers, case workers, etc., to discuss the outcome of the case and plan any follow-up activity. Frequently, and for a variety of reasons, children are withdrawn from treatment prior to termination. A family may change residence, leave town to take a vacation; parents may be unwilling to cooperate or unable to accept their own role in the treatment process. Recognizing and responding to the importance of the parents' role in the child's treatment is a major dynamic of child therapy.

In many instances, terminated or withdrawn cases are referred to the clinic. These cases develop similarly to new cases, except that an informal, preassignment conference may be held to determine the best match of client to therapist. There are no routine follow-up procedures or guidelines for following terminated cases; the matter is left up to the discretion of the individual therapist. In general, follow-up procedures in the form of telephone calls, letters, or visits, are rarely initiated.

Collaboration, consultation, and education. Consultative, collaborative, and education services are a prime focus of the community mental health movement and of Public Act 67. Paragraph 330.601, Section 1(c) of PA 67 provides that a local mental health program must offer, in addition to diagnostic and treatment services,

> collaboration, and consultation with community agencies including, but not limited to non-public schools, public health, court, police, and welfare agencies addressed to the reduction of the incidence and prevalence of mental disability

Collaboration, consultation, and educational efforts involving other agencies may be of benefit to other agencies' staff as an opportunity to amass skills and solve problems, to interagency relations as an opportunity to coordinate services, procedures, and areas of responsibility, and to the citizens of the community who benefit from the cross-fertilization among agencies and the opportunity for early intervention of psychological services in many areas of life.

In small communities with few helping agencies, the mental health clinic may be the only agency capable of providing either treatment or consultative services. However, given the small budget and staff size of many community mental health centers, the demands to provide both the treatment and consultative services may be impossible to satisfy. Doing a fair amount of both kinds of services without getting swamped by the demands of one or the other requires both diverse staff skills and much attention to administrative structure, and is a difficult route to follow in any case.

Officially, the mental health clinic provides collaborative, consultative, and educational programs to the Department of Social Services, the public schools, the Salvatori Center for the Mentally Retarded, the Juvenile Court, and St. Patrick's Home for Children. However, at the present time, these programs are operative only with the Juvenile Court and with St. Patrick's Home. Programs involving Blanche Johnson with the Department of Social Services, schools, etc., are non-existant. The area of consultation, collaboration, and educational services to the community does not exist as a functional administrative unit within Blanche Johnson. Guidelines or suggestions or issues for inter-agency discussion and cooperation have not been formulated, or, if formulated, have not been acted upon. Coherent plans for inter-agency relations have not been promulgated within the Clinic, discussed in staff meetings, or actualized in reality.

III. SUMMARY

Taking a broad view of the services offered by the Noah County Community Mental Health System, it appears that gaps exist in child and adolescent services in some key areas. The combined drugs services agencies, Emergency Counseling Center and the Drug Free Clinic, do not provide significant adolescent oriented programs in the areas of drug education, drug use counseling (especially in the area of "soft" drugs), and crisis intervention programs. There are no outreach programs in the schools and the community to determine what drug-taking behavior exists, what problems exist, and in what ways the community might best be served. As experts in drugs and behavior, if collaboration, consultation, and education programs with the schools were offered by the community mental health system, for example, it might be a valuable service to the community. In addition, the lack of programs and services to deal with people in the midst of drug emergencies — mobile on-call teams to give emergency care or first aid or counseling; programs in conjunction with the police, emergency services personnel; and the General Hospital to collaborate during drug emergencies; etc. — seems to miss a real opportunity to render informed service. Similarly, Blanche Johnson's focus on direct client care sacrifices the potential gains in providing consultation and education services to other community agencies. In addition, the absence of inter-agency cooperation hinders the smooth referral of cases between agencies and has resulted in some degree of estrangement for Blanche Johnson from other agencies and the community. In regard to nontreatment services, the absence of a liaison program and the lack of depth of in-service training stand out as areas needing attention.

With regard to treatment services at Blanche Johnson Clinic, some key procedures in the intake process are missing or less than optimally functioning. The intake procedure includes no provision for case screening, sorting, and grading. Furthermore, the system processes inappropriately referred cases too far. Inappropriately referred cases reach the intake-treatment stage and take up valuable staff treatment time. The case assignment procedure does not routinely include staff participation. Excluding the staff from this process excludes them from a function which intimately concerns their responsibility model in terms of case load and treatment area specialization. Including the staff in this process would be valuable in terms of increasing the staff's involvement in agency management problems, and in terms of the potential for cross-fertilization of knowledge between staff members. Procedures for assuring the continuity of care, especially in regard to case follow-up and case referral, are neglected in clinic procedure. These steps are too important to be dealt with in an unstructured, unexamined manner.

The great pressure placed on a community mental health agency by PA 67 cannot be over stressed. Having the responsibility for providing both a full range of treatment services, and a full range of consultation services may severely strain the time and resources of a small agency's staff. It is not surprising, given the heavy demand for direct treatment, that agencies neglect the demands for nontreatment services. Meeting the demand for full treatment and full nontreatment services requires that an agency hire a multi-talented staff, including treatment and nontreatment oriented personnel, and that considerable administrative time and skills be expended in setting up and managing nontreatment programs.

THE TREATMENT OF DEVIANCE BY THE SOCIAL WELFARE SYSTEM: HISTORY

by

Christopher Unger

I. DEFINITIONS AND ASSUMPTIONS

The purpose of this paper is to present, in chronological form, the historical antecedents of the American social welfare system as it exists today. The treatment of social deviance in children by the social welfare system constitutes the primary area of focus. However, in order to present an accurate picture of the context in which specific services and programs for "deviant" children have developed, some comment on the development and structure of the entire system have been included.

The term *social welfare*, in a narrow sense, refers to the process of delivering financial assistance to the disadvantaged. In a wider perspective, it may be seen as encompassing all efforts to meet the universal needs of the entire population. This wider view is best defined by Elizabeth Wickenden (1965, p.vii) as, ". . . including those laws, programs, benefits, and services which assure or strengthen provisions for meeting social needs recognized as basic to the well-being of the population and the better functioning of the social order." For the purposes of this paper, social welfare will be viewed as all societally financed interventions, both public and private, which promote the well-being of both the society and the individual.

Romanyshyn has noted that, in the past, the responsibility for the promotion of the well-being of others has been based upon two somewhat conflicting points of view. Primarily, social welfare has been seen as "a *residual* function, that of policing deviants and dependents and or alleviating their distress in some minimal way as an act of public or private charity (1971, p. 4)." This view defines the needy, deviant, disabled, and disadvantaged as the objects of philanthropy, charity, and relief under rigorously defined emergency, and ideally temporary conditions.

A more recent trend, which simultaneously overlaps and conflicts with the basic premise of the residual view, is the *developmental* concept of responsibility. Again, according to Romanyshyn (1971, p. 4), this muct more positive concept ". . . extends beyond services to the needy to the recognition that all citizens in an industrial society may require a variety of social services to develop their capacity to perform productive roles and to achieve and maintain a desirable standard of well-being." Social welfare, even as a developmental function, recognizes that the origin of the problems which lead to various forms of poverty and dependency are located outside, as well as inside, the individual. Adaption of the social framework, as well as personal adjustment, is necessary for success. The opposing nature of the residual and developmental points of view has been explicitly summarized (Wilensky, 1965).

> The first holds that social welfare activities should come into play only when the normal structures of society break down. This places social welfare activities in a residual role, ameliorating the breakdown and filling the gaps. The second, and far more promising view of social welfare defines welfare activities as a front line function of modern industrial society, in a positive, collaborative role with other major social institutions working toward a better society.

A strikingly similar description of the functions of social welfare has been given by Wilensky and Lebeaux (1965, p. 138), who also use the term *residual* but substitute *institutional* for *developmental*.

> The first holds that social welfare institutions should come into play only when the normal structures of supply, the family, and the market, break down. The second, in contrast, sees the welfare services as normal, "first line" functions of modern industrial society.

The *developmental* (or institutional) functions of social welfare have gradually evolved out of a growing awareness of the problems created by an ever-expanding, complex, industrial society. The existence of much larger "target populations," requiring new and different types of care and maintenance, has created an ever-expanding need for extended services.

According to Titmuss, the causes for dependency in an industrial society are plentiful (1958, pp.42-43).

> "They may be 'natural' dependencies as in childhood, extreme old age and childbearing. They may be caused by physical or psychological ill-health and incapacity; in part, these are culturally determined dependencies. Or they may be wholly or predominantly determined by social and cultural factors. These, it may be said, are the 'man-made' dependencies. Apart from injury, disease, and innate capacity, they now constitute the major source of instability in the satisfaction of basic needs. They include unemployment, protective and preventive legislation, compulsory retirement from work, the delayed entry of young people into the labor market, and an infinite variety of subtle cultural factors ranging from the 'right' trade union ticket to the possession of an assortment of status symbols.

The evolution of the *residual* view of social welfare has consisted of progressively differentiating the various "different," and therefore "troublesome," segments of the population. Originally, the indigent, deviant, disabled, criminal and otherwise disadvantaged of all ages were viewed, housed, and treated as a single group. Gradually, it was presumed that greater success might follow specialized treatment. Prisons and specialized hospitals were built, and children were removed from each "problem-labeled" population, to be treated separately.

Strategies

There have been, according to Lampman (1971, pp. 8-11), four strategies used to meet the needs of the disadvantaged in the United States. Although these efforts have been intended primarily to meet the needs of the poverty-stricken, not all of them were necessarily developed as antipoverty measures. They include:

1. *Making The Market Work*: developing and sustaining a market system, comprised of both private industry and government, working toward the express goals of economic growth and high employment, and using monetary and fiscal policy to minimize unemployment.

2. *Adapting The System To The Needs Of The Poor*: adapting the "natural" or pre-existing" market system to better serve the disadvantaged, such as through the abolition of slavery, legislative modification, social insurance, and progressive, rather than regressive taxation.

3. *Changing The Poor To Adapt To The System*: modifying certain attitudes, values, institutions, and life-styles in order to develop greater potential productivity, through the increasing services of schools, churches, "friendly visitors," social workers, volunteers, labor unions, and self-help organizations.

4. *Relieving The Distress Of The Poor*: transmitting both in-kind relief and financial assistance in temporary emergency situations.

According to Lampman (1971, pp.11-12), the American history of the social welfare system may be thought of as the alternation of these four strategies as follows:

Early nineteenth century — making the system work (Strategy 1)
Late nineteenth century — changing the poor (Strategy 3)
Early twentieth century — adapting the system (Strategy 2)
1930's — adapting the system and relieving distress (Strategies 2 and 4)
1950's and 1960's — making the system work and changing the poor (Strategies 1 and 3)
1970's — relieving distress (Strategy 4)

Recent trends in social welfare (since Lampman's 1971 work) may have moved the system slightly away from relieving distress (Strategy 4) by increasing emphasis upon all of the other strategies.

Implicit in this paper is the view that the relationship between the policies and practices of the social welfare system on the one hand, and the social, political, and economic context over a period of time on the other, is an organic one. The extreme position, taken by Marris and Rein, that "since every society is informed by a greater variety of ideals and interests competing for expression, it compromises them all and satisfies none (1967, p. 236)," is not espoused here. Rather, the position is in much closer agreement with the more positive and balanced view espoused by Titmuss, that the developmental history of the social welfare system, i.e., the "frightening complexity of eligibility, and benefit according to individual circumstances, local boundaries, degrees of need and so forth ... represented an accumulation of political and social compromise (1958, p.22)."

II. ANTECEDENTS OF AMERICAN COLONIAL POOR RELIEF

From the beginning of recorded history, there have always been some people unable to meet the minimum financial or emotional standards of the society in which they live. In turn, every society has responded to their less fortunate by creating some ethical system for their care and maintenance. The most common solution to the problems of social welfare has been to curb population growth, either by contraceptive methods, sanctions regarding the spacing of children, abortion, or infanticide.

Although sporadic examples of charity certainly existed prior to the Christian era, the rise of the Christian church first introduced charity as the *primary* solution for the relief of the unfortunate. Church revenues, especially the tithe, provided the necessarily vast financial resources. However, indiscriminate almsgiving, by both churches and monasteries, created progressively widespread pauperism.

With the rise of secular institutions and decline of the power of the Church during the Middle Ages, beggars and vagrants were regarded as threats to personal security and public order and were severely punished. Nevertheless, violent crimes continued to increase. Also, the feudal system, in which barons provided subsistence to those who were unable to support themselves in return for bonded work agreements and protection, and by which would-be vagrants were sustained, began to break down. This decline was due largely to the continuous growth of commerce, stimulated by the Crusades. Increased trade led to the development of a monied economy, a growth of cities, a loosening of feudal bonds, more freedom, less security, and a further increase in violent crime.

A devastating period of famine and plague led to restrictions on mobility. In addition, the "impotent" poor were distinguished, for the first time, from the deserving poor, and brutally punished. But punishment alone continued to be ineffective deterrent to begging.

Although a merchant class was beginning to develop and crime had decreased by the fourteenth century, the break-up of the feudal system once again shifted the responsibility for the indigent to the Church. However, the Church's ability to adequately support those in need was greatly diminished by the secularization of Church property and by the dissolution of the monasteries during the Reformation (Aschrott, 1888, p.3).

In England, following the period of civil wars in the sixteenth century, Parliament took a renewed interest in the plight of the poor. But this interest was much more political than humanitarian. Parliament reasoned that vagrants and beggars spread discontent and provided ready material for future rebel armies. Therefore, Parliament ruled in 1536 that parishes were to serve as the administrative units for maintaining the "impotent" poor through voluntary contributions. When the amount of donations proved totally inadequate, compulsory poor rates were instituted. "Overseers of the poor" were established to administer the general tax, and legislation was passed requiring "apprenticeship" for all persons between the ages of twelve and sixty who did not own property.

The public attitude toward the dependent class, during the 250 years prior to the reign of Elizabeth had gone through the three stages of repression, recognition, and responsibility. However, severe economic depression and near famine forced legislation of the Elizabethan Poor Law in 1601. Although it did not contain new or bold concepts, it served to both clarify and unify previous legislation. It also made support, rather than punishment, the primary role of the government toward those in need. In addition, the Act of 1601 required that the able-bodied poor work and acknowledged the parish as the proper administrative unit for the care of the poor.

Because of inadequate administration, Elizabethan poor relief enjoyed only scattered success. In addition, problems of settlement, such as legal residence requirements and responsibility for the wandering poor began to undermine delicately balanced legislation. Several Acts of Settlement were passed in an effort to restrict mobility and clarify residency. Instead, they served primarily to disrupt families by increasing apprenticeship and to spread pauperism by not taking seasonal employment, such as harvesting, into account.

The obligation to put all "sturdy beggars" to work was the most difficult task expected of parishes under the law of 1601. Workhouses were established, as were the first doctrines of "less eligibility," the belief that those on welfare should receive less than the poorest workers. Aid to the poor in their own homes did not exist until the end of the seventeenth century.

III. AMERICAN COLONIAL POOR RELIEF

The English Poor Law in the Colonies

The evolution of English economic, social, and political thought represented the context from which the vast majority of legal precedents for the American welfare system were to develop. Since many of the first colonists were deported paupers, vagrants, convicts, dependent children, or non-materialistic and God-fearing people in search of religious freedom, and since all encountered the problems of survival, various levels of poverty were common. In addition, the predominant occupation of the generally industrious early population consisted on subsistance farming, not the production of cash crops. For these reasons, it is easily understood, as noted by White (1950, p. 37), why "Many settlements in the colonies found it necessary to provide some sort of public relief before the colonial legislative bodies enacted general statutes."

Interestingly enough, according to Kelso (1928, p. 162), "There appears never to have been a question that the government should relieve the destitute." The presumed right to assistance for the needy prevailed without serious debate, and during the earliest colonial period, relief was dispensed to those who took the initiative to apply. No investigative procedures were used. Emphasis was placed on local responsibility and administration. Maintenance of the poor generally took the form of food, clothing, firewood and household essentials. An alternative but equally widespread method of "helping the poor" consisted of selling the care of the destitute to the lowest bidder. A special variation of this practice of "farming out" was the sequential placement of widowed, infirm, or aged paupers, for short periods of time, usually two weeks, in a series of designated houses.

Older children were customarily indentured until they were self-supporting. Settlement (i.e., legal residency), if not naturally passed on through birth, required a statutory period of apprenticeship or trade labor, ranging from three months to five years. Problems often arose, however, over which locality was responsible for the care of dependents: the dependent's residence or the residence of relatives capable of providing for him. Newcomers who could attain self-support within approximately forty days were "warned out" (ordered to leave). If these newcomers were caught begging they were publicly whipped and returned to their former residence.

The cost of poor relief was paid for by a poor tax, and fines were assessed for refusal to pay. As the majority of people gradually became self-supporting, destitution became equated with moral deficiency and the pauper often suffered public degradation. The Puritans regarded it as a sin. Depending on the place of residence, those who received poor relief were made to take the "pauper's oath," have their name entered on a publicly exhibited "poor roll" or published in newspapers along with the amounts of allowances received, and often made to wear the letter "P" on the shoulder of their right sleeve.

With an ever-present shortage of labor, everyone was obliged to work. Therefore, especially harsh measures were bestowed upon the idle "wanderers" or "vagabonds" who constituted the "unworthy poor." They were to be, according to Jernigan (1931, p. 201), "stripped naked from the middle upward, be openly whipt on his or her naked body, not exceeding the number of fifteen stripes." Beggars and idlers were often confined to jails or houses of correction (Friedlander, 1961, pp. 68-69).

As noted by Williams (1944), Ben Franklin's attitude epitomized the American view toward the poor during this period. Franklin, who believed all individuals were responsible for their economic welfare and should prepare for adversity while still young, suggested that "the best way of doing good to the poor, is, not making them easy *in* poverty, but leading or driving them *out* of it (p. 78)."

The unit of political organization in New England most closely resembling the English parish, and therefore the natural unit for the administration of poor relief, was the town or township. Official dealings with the indigent through overseers of the poor were transacted at town meetings. However, later developments in this country toward an autonomous political machine led to the progressive loss of this simplicity.

The predominant alternative system of political organization, represented by the Southern colonies and the Dutch in New York, closely resembled feudalism. Service took the form of either slavery or indenture for reimbursement of the immigration costs to a "patroon." Implicit in this mutual aid system was the retention of the church (in most areas, Anglican) as the center of all charitable activity outside the "patroon." When necessary, supplementary outdoor relief was provided for orphaned children and widowed mothers.

The legal structures of later settlements for the most part clearly imitated those of the older coastal communities. However, exceptions occurred along the sparsely populated frontiers where mutual aid in the absence of a "patroon" was the norm.

The French and Indian Wars produced many disabled and impoverished veterans, widows, and orphans who returned from the frontier to cities which could not absorb them. The steady arrival of immigrants also added to the growing numbers of poor needing relief. By the end of the colonial period in 1776, six types of welfare "institutions" were attempting to deal with the growing problem of destitution. These included the family, the church, the community, the school, business, and government.

The Dependent Child in Colonial and Early America

Apprenticeship. During the period of early American settlement, three major forms of child care existed. The first consisted of apprenticeship or indenture, which, although a widespread practice, occurred with the greatest frequency in Maryland and in the South. The first mandatory Maryland indenture law for destitute children, passed in 1638, attempted to relieve the shortage of child servants. It required males under the age of eighteen to serve until age twenty-four, while females twelve or less were to serve seven years and females over twelve four years. Maryland's 1793 law was enacted in an effort to curb the increasing number of destitute, but independent, children. Although this group consisted predominantly of orphans (Zietz, 1959, p. 22), "Justices were also authorized to bind out children of extremely indigent parents, illegitimate children, and children of persons from out of the state. Parents were to be allowed to choose the person to whom the child was to be bound." Under the 1793 statute, children from these groups deemed to be receiving insufficient education or care could be bound over by the Orphan's Court as apprentices, to tradesmen. The child was given to the tradesman who, for the lowest price, would agree to fulfill the court's requirement of providing food, clothing and shelter. He was also required to teach the child to read, write, and do arithmetic. In this early forerunner of foster homes, apprenticeship continued until males were twenty-one and females sixteen.

Orphaned, abandoned, and illegitimate children also posed a major problem in the South. Many of those born to Negro, Indian and mulatto women fit into the above mentioned categories and were, where possible, indentured to those wealthy enough to provide for their needs. Unfortunately, in many cases, the indentured quickly assumed the role of the slave.

In Massachusetts, a tradition of close kinship ties provided that no child, in any case, should remain unattached to a family or be without a guardian. In this way, each child supposedly acquired enough knowledge of a self-sustaining trade to prevent him from ever becoming dependent upon the community. In 1662, Rhode Island began legally apprenticing orphans, children of state-supported parents, and the children of parents whose improper care caused them to grow up in illness or ignorance. Under this early form of protective service, indenture was mandatory for males to the age of twenty-one and females to age eighteen. New York legalized the indenture of dependent children in 1788 and required that masters teach them to read and write. The maximum age of indenture was the same as in Rhode Island.

Outdoor relief. The second major form of child care was outdoor relief. This method, also called "home relief," was considered a humanitarian alternative, since it did not remove children from the household. However, in a time when poverty was considered the product of moral inadequacy, even these children received considerable public degradation. In addition to indigent children, those who received outdoor relief included, according to Bremner (1970, p. 64), "infants and those (children) who were sick, crippled, or idiotic —that is, those who could not work." Moreover, since poverty was often viewed as hereditary, these children were seldom seen as anything better than the producers of still more generations of indigents.

The almshouse. The third prevalent form of child care was the almshouse. Throughout the early colonial periods, the almshouse, also called the poorhouse or poorfarm, was not extensively used. This was largely due to the relatively small number of existing dependents who could, in most cases, be cared for, and maintained on, an individual basis through "outdoor relief." The first almshouse, according to different sources, was built in Rensellaerwyck, New York in 1658 (Friedlander, 1961, p. 70), Boston in either 1660 (Whittaker, 1971, p. 397) or 1740 (Piven and Cloward, 1971, p. 47), or in Philadelphia, no date (Heffner, 1913, p. 65). In any event, while small towns were still "auctioning off" the care and maintenance of their poor to the lowest bidder in the early eighteenth century, most large colonial cities, except those in the South, had established poorhouses. For the size of their problem, these cities considered poorhouses to be the most economic and effective method of caring for the poor. In areas inhabited by a smaller number of indigents, almshouses were built to service entire counties (Gillin, 1927, p. 183). Many of these earlier institutions were simply remodeled houses or farms, managed by the lowest bidder or by county officials.

During the next period in the history of the poorhouse in the United States, these institutions often served as lying-in hospitals for mothers and their illegitimate children. They were also used as free hospitals for the immigrants and the native poor, especially during the plagues of yellow fever, cholera, and typhoid which periodically devastated entire cities. As mentioned by Coll (1969, p. 25) some of the greatest hospitals of today, including Bellevue in New York City, King's County Hospital in Brooklyn, Philadelphia General Hospital, and Baltimore City Hospital were all originally poorhouses. Zietz (1959, p. 25) refers to the multipurpose poorhouse of this period as "mixed," for:

> It served as an institution for the mentally ill and mentally deficient, and it served as a hospital for those who were physically ill. It acted as an orphanage for parentless children and as a receiving home for children until indenture was arranged. It was used as a place of residence for the aged and as a penal institution for the vagrant and the criminal.

Warner (1908, p. 195) describes the typical almshouse inmates as "often the most sodden driftwood from the social wreckage of the time," and Coolidge (1895, p. 24) regards the poorhouse women as ". . . much completer wrecks than the men, because prostitution gives the idle and vicious an alternative career until the last." A more explicit picture of the various representative populations is presented by Johnson (1911, p. 57):

> [The inmates are] a very heterogeneous mass, representing almost every kind of human distress. Old veterans of labor, worn-out by many years of ill-requited toil, alongside of worn-out veterans of dissipation, the victims of their own vices; the crippled and the sick; the insane; the blind; deaf-mutes, feebleminded and epileptic, people with all kinds of chronic diseases; unmarried mothers with their babies; short-term prisoners; thieves, no longer capable of crime; worn-out prostitutes, etc., and along with these, little orphaned or deserted children, and a few people of better birth and breeding reduced to poverty in old age by some financial disaster, often through no fault of their own.

Indoor-outdoor controversy. During the early nineteenth century, a depression hit the United States as a result of the War of 1812 and a series of bad harvests. At this time, no considerable thought had been given to the effects of mixing various types of "deviant" populations in the poorhouses. However, the increasing expense of poor relief soon led to the inevitable argument over whether "indoor relief" (i.e., poorhouses) was more economic and efficient than "outdoor relief."

In 1821, a committee investigating the poor laws in Massachusetts and headed by Josiah Quincy, offered five recommendations for improvement. Three implied that intemperance was the basic cause for pauperism, that the poor should be given agricultural labor, and that citizen boards should supervise almshouses. The other two suggestions constituted the written beginning of the "indoor-outdoor controversy." These recommendations were (Friedlander, 1961, p. 72):

1. That outdoor relief was wasteful, expensive, and destructive to the morals of the poor, and,
2. that 'almshouses' were the most economic mode of relief, because in a house of industry each pauper was set to work according to his ability, the result being that the able-bodied earned their maintenance and contributed to the support of the impotent group.

During the year 1823, New York Secretary of State Yates collected information on the operation and expense of the poor laws. In his report, which appeared in 1824, after dividing the destitute into the two classes of the permanent and the temporary poor, Yates stated his findings: that "outdoor relief" encouraged pauperism; that paupers were generally mistrusted and often "tortured;" that the education and morals of children receiving "outdoor relief" were being neglected; that paupers suffered from the cruel laws of settlement and removal borrowed from the British; and that no adequate provisions were made for putting paupers to work (Breckinridge, 1935, pp. 30-54). The Yates Report then recommended:

1. the establishment of county "houses of employment" providing agricultural work and education for the children,
2. the procurement of a work house (or "penitentiary") where vagrants and sturdy beggars can do forced hard work;
3. that an excise tax be placed on distilleries to raise money for poor relief;
4. that legal residence in New York state follow one year of settlement;
5. that "acts of removal" be abolished;
6. that no healthy males, ages 18-50, be placed on the pauper list; and
7. that street begging and bringing paupers into the state should be punished.

Other frequently cited evidence against outdoor relief included: that kindness was only apparent, not real, since it was only in the small towns that administrations worked on an individual basis with the poor; that, historically, wages have decreased as outdoor relief has increased; and that administration of outdoor relief was more corrupt because there were more potentially corrupt administrations.

Those who continued to advocate outdoor relief did so, at first, because it was the kindly, neighborly way to help, it was more economical to give the poor person partial or temporary supplementary relief in his own home than to keep him in a workhouse; the demand for relief was too great to put all the poor in workhouses; and it was more humane to allow families to remain together and at home (Warner, 1908, pp. 227-228). However, the basis for the support of outdoor relief gradually shifted to general opposition toward the increasingly apparent scandalous conditions within the almshouses themselves.

There had been a tremendous increase in the number of poorhouses during the decade which followed the well-publicized Quincy and Yates reports. By 1830, for example, New York had established county almshouses in 51 of its 55 counties. The first phase of scandal and revulsion centered around the physically abominable working and living conditions. A typical report of this type was published by the New York State Assembly in 1838, and revealed the inhumane conditions which existed in the Genesee County almshouse. Still another was published in 1857 by the New York Senate following an investigation of 55 poorhouses throughout the state, but excluding New York City:

> The poorhouses throughout the state may be generally described as badly constructed, ill-arranged, ill-warmed, and ill-ventilated. The rooms are crowded with inmates . . . In some cases as many as forty-five inmates occupy a single dormitory, with low ceilings, and sleeping boxes arranged in three tiers one above another. Good health is incompatible with such arrangements. . . .
>
> A great evil of the poor houses is idleness. Its effects are most visible in the winter, when the houses are crowded, when there is little outdoor work to be done, and when the inmates are in the most vigorous state to do full work.
>
> (Breckinridge, 1935, pp. 150-151)

During the mid-nineteenth century, it was, however, very difficult to determine who was responsible for these conditions, and whether money that was supposed to be used for improvements was actually spent. As Deutsch (1949, p. 247) notes:

> They (the States) were pouring out funds in larger amounts for the construction and support of such institutions. In return, the state usually required no accounting beyond reports submitted annually to the executive power or legislature. Like as not, these reports would go unread.

Separation of deviant types. The second phase of scandal and revulsion regarding poorhouses focused upon the effects that must be created by the indiscriminant mixing of different populations of "deviants" within the same institution. According to Warner (1908, p. 198), the results which this revelation in public consciousness produced were of two sorts: 1) the drafting out of all types which didn't belong, and 2) the differentiation and physical separation of all the types which did. The first group ultimately included all individuals who required special treatment, such as the sick, deaf, dumb, blind, epileptic, delinquent, retarded, and insane. In each case, separate facilities for each "deviant group" were eventually established.

Although the mentally ill had received care in the Pennsylvania Hospital in Philadelphia since 1753, the first institution built exclusively for them was the Eastern State Hospital, founded twenty years later in Williamsburg, Virginia. Dr. Benjamin Rush, who joined the staff at Pennsylvania Hospital in 1783, was among the first to insist that the insane were human beings who should be treated justly and compassionately. His efforts gradually led to improvements in their treatment and in the public's attitude toward them.

The first American institutions for the deaf and deaf-mute were established in New York and Baltimore in 1812 by John Braidwood, Jr. Dr. Samuel Gridley Howe is credited with founding both the first asylum for the blind in 1832, and the first state school for "idiots and feeble-minded youth" in 1848, both in Boston.

The very old and the very young were also considered special groups requiring special treatment. Children in almshouses had been a concern, in some areas, long before this became a national issue in the mid-nineteenth century. In 1739, the first mention of the special needs of children in institutions appeared in the Rules and Orders for the management of the workhouse in Boston:

> Article V . . . that when any children shall be received into the House, there shall be some suitable women appointed to attend them, who are to take care that they be

> wash'd, comb'd and dress'd every morning and be taught to read and be instructed in the Holy Scriptures. . . .
>
> (Second Report of the Record Commissioners: Containing the Records of the City of Boston, 1634-1648. Volume XII, p. 237, quoted in Whittaker, 1971, p. 397).

In 1800, the rules for the management of the New York City almshouse stated:

> The children of the house should be under the government of capable matrons. . . . They should be uniformed, housed, and lodged in separate departments, according to their different sexes; they should be kept as much as possible from the other paupers, habituated to decency, cleanliness, and order, and carefully instructed in reading, writing, and arithmetic. The girls should also be taught to sew and knit. (Folks, 1902, p. 4).

Yet, one cannot help but wonder if these administrative ideals were more than sporadically implemented, for in 1844, Dorothea Dix offered the following account of the care of children in almshouses in New York State:

> They do not guard against the indiscriminant association of the children with the adult poor. The education of these children, with rare exceptions, is conducted on a very defective plan. The almshouse schools, as far as I have learned from frequent inquiries, are not inspected by official persons, who visit and examine the other schools in the county. (Folks, 1902, p. 38)

It was, indeed, largely through the work of Dorothea Dix that this country became aware of the inhumane conditions in almshouses. After tuberculosis had twice ended her original profession of full-time teaching, she offered, in 1841, to substitute as a Sunday School teacher for women offenders in a Massachusetts house of correction. She was shocked to find twenty cold, filthy, and bedless prisoners, several of whom were insane. Her conviction that these problems could best be handled through legislative action greatly stimulated the investigation and correction of abuses of the insane, in particular, and of all almshouse inmates in general, including children.

As specialized institutions for those needing specific treatment were gradually established, the remaining children were sent to schools. As pointed out by Thurston (1930, p. 36), one of the most complete early laws dealing with the removal of children from almshouses was passed in New York in 1875, and provided that after December 31, 1875,

> No child over three and under sixteen years of age, of proper intelligence, *and suited for family care*, shall be committed to any poorhouse of this state, and that all children of this class shall, within the time named, be removed from such poorhouses and provided for in families, asylums (i.e., orphanages), or other appropriate institutions [emphasis added].

However, the total removal of those who merited separation was very slow. For example, Gillin (1937, p. 188) noted, almost eighty years after Dorothea Dix had begun her work, that between 1910 and 1923:

> The proportion of almshouse inmates who were defective has been gradually decreasing. In 1910, 63.7 per cent of the inmates had some physical or mental defect; in 1923 *only 47 per cent* [emphasis added].

Devine, writing in 1914 concerning the slow pace at which almshouse problems had been solved, discouragingly observed (p. 130) that:

> The removal of children from the almshouse to separate institutions, or to the care of placing-out agencies, is another step so obvious and so imperative that it is strange to find communities in which it has not yet been taken.

Alternative institutes for dependent children. The major alternative institution to the mixed almshouses for the care of dependent children during the colonial period was the orphan's asylum, or orphanage. These were, for all practical purposes, the first institutions intended exclusively for children.

The first orphanage is acknowledged to have been founded by Ursuline Nuns in New Orleans. It was spontaneously created as a result of the total massacre of Fort Rosalie by the Natchez Indians on November 28, 1729.

Ten years later, in the winter of 1739, the first planned children's institution in this country was established in the debtor's colony of Georgia. It was built from solicited funds and goods by the English clergyman George Whitefield, and named "Bethesda," the House of Mercy. Whitefield was determined to treat his orphans like a large extended family. By 1741, his original six children had extended to forty-nine (Whittaker, 1971, pp. 398-399).

A proposal for the first public orphanage was ratified by the City Council of Charleston on October 18, 1790, and its building was completed in 1794 (Folks, 1902, p. 32). Its major rules and regulations, with very little modification, followed those of the Boston workhouse of 1739. In 1807, the first public orphanage was established in New York City.

The major reasons for creating these institutions, as noted by Thurston (1930, p. 40) were:

1. refusal to place dependent children, in whom they (the founders) were personally interested in the local mixed almshouses;
2. to save children from neglect, outrage, and destitution in the street, and in squalid homes;
3. to give children care under the religious auspices of their parents and thus to keep them from losing their ancestral faith; and
4. to provide care for Negro children.

During the last century, improvements in health conditions and the rise of the public welfare system have necessitated that the traditional "custodial" orphanages with low operating standards transform themselves into highly specialized residential "treatment centers" making use of cottage plan arrangements, group work and casework techniques.

Following their removal from the almshouse during the early nineteenth century, the only form of care for dependent children, besides the orphanage, was the "schools." However, these special "schools," established exclusively for dependent children, spread slowly due to the sporadic rate at which almshouse populations were segregated.

One such typical institution was founded in New York City in 1816. All children from the city's almshouses were moved to what is now Bellevue Hospital. But in 1831, a severe epidemic of ophthalmia (inflammation of the eyeball) led to the transferral of all 530 children to a farm on Long Island during the next year. However, thirteen years later, after the farm was sold and the replacement structure in New York burned, the children were moved back to buildings on Randall's Island in New York City with adult paupers.

Another early "school" was founded in Philadelphia in 1820. Although it was called a "children's asylum (Folks, 1902, p. 24)," spelling, reading, and the New Testament were taught. However, because of financial problems, the asylum was sold and the children were again placed in with adult paupers. Economics again outdistanced humanism.

From 1800 to 1875, schools for poor children developed, in one form or another, in most of the large cities of the Northeast and South. In some cases, where county almshouses existed, such as in

New York State, county poor schools were established. In 1874, Michigan became one of the first states (along with Connecticut, Indiana, and Ohio) to establish a state institution for dependent children, known as the Michigan State Public School. The founding of additional institutions, based upon the same liberal principles as that first "State Public School," led to the establishment of the first state system for the care and maintenance of destitute children.

IV. EFFORTS IN THE EARLY NINETEENTH CENTURY

Public and Private Charity

During the first half of the nineteenth century, the ideals of individual freedom and self-help, for which the American Revolution had been fought, grew in importance and inspired various humanitarian movements. Popular causes included the abolition of slavery, public education, women's rights, prison reform, religious tolerance, and better treatment for the mentally ill and the poor.

At this time, the almshouses and the orphanages represented the two extremes of care for dependent children in the United States. The former exemplified the well-meaning, long-range effort and day-to-day neglect of public charity in secular form, while the latter typified the daily achievement and long-range limitations of private charity.

Although private individual philanthropy and benevolent associations were the earliest form of poor relief in this country, the role of the state as maintainer of the poor increased with the size of the problem. The principle which underlies the assumption of state responsibility seems to be, as noted by Warner (1908, p. 366), that:

> Whenever a community has been educated up to such a point that it insists on a large amount of work-relief being done, and when the methods of doing it have been reduced to a routine, then the state is asked to undertake the work, and relieve private benevolence of the burden.

Despite this seemingly developmental trend, the argument as to which system best benefits the poor continued well into the twentieth century. The proponents of voluntary social services claimed that their greater freedom to specialize, to plan their own development, to develop their resources, to select their own clients, and to offer an alternative to degradation, made them a better system, and promoted higher standards of service and greater personal understanding. They acknowledged that their methods eliminated relief as a "right" and that they were accountable primarily to themselves. However, they maintained that their idealistic driving force diminished the latter problem, and that the former was not really a problem since an adequate number of private charities could serve all who needed help. On the other hand, the advocates for the public support of charitable institutions contended that their system, by providing a dependable and continuous financial source, greater publicity, and needed services to more people, was the better of the two.

In order to overcome this confusion and wastefulness, a system of public supervisory agencies, responsible for dependent, defective, and delinquent children was established immediately after the Civil War. These agencies were known as State Boards of Charities, and later, as State Boards of Charity and Corrections — and their creation ushered in a new era of state responsibility for the care of the poor. The first was set up in Massachusetts in 1863. By 1907, there were twenty-one such supervisory boards of charity and corrections, and twelve increasingly necessary boards of administrative control (Warner, 1908, pp. 424-425).

As both public and private charities developed, the successful pioneering efforts of the private charities were secularized to benefit more of the ever-expanding population of the poor, and the two systems began to play the same roles, and more and more to supplement each other. Public subsidy of private charity increased, and the systems became so overlapped that, according to Warner (1908, p. 388), the distinction seemed to lie

> between those dependents requiring some degree of control, and those that may be allowed their freedom, between measures for chronic dependents, and those looking to prevention.

This demarcation became progressively faint, so that only a legal distinction remained. Public charity existed under the authority of the state and could be modified or abolished at will, while private charity was financed exclusively from non-statutory sources and relied heavily on unpaid volunteers.

Leading Voluntary Agencies

New York Society for the Prevention of Pauperism. The major incentive for the establishment of voluntary charity organizations during the nineteenth century was the growing awareness of the inhumane and inevitably degenerating conditions in almshouses. One of the first such organizations established was the New York Society for the Prevention of Pauperism, created in 1817 to scientifically determine the causes of poverty and develop means of rehabilitation. In a survey conducted by the society, the following causes were found (Friedlander, 1961, p. 92):

> ignorance, idleness, intemperance, lack of thrift, imprudent hasty marriages, lotteries, pawnbrokers, houses of prostitution, gambling, and the large number of charitable institutions.

Among its major accomplishments, the society helped to partially prohibit street begging and saloons, established a savings bank and an employment bureau, and revealed through a series of studies the general lack of cooperation between most charity organizations.

AICP. Another outstanding voluntary organization of the period was the Association for Improving the Condition of the Poor (AICP), founded in New York following the severe winter of 1843. This organization sought to combine material relief with friendly persuasion toward self-improvement. It successfully coordinated previously disorganized relief, discouraged indiscriminate almsgiving, and was responsible for the passage of a law requiring the arrest and detention of vagrant children.

New York Children's Aid Society. In 1854, the AICP convinced Charles Loring Brace to establish the New York Children's Aid Society, which was primarily concerned with the shelter and education of destitute and vagrant children. The society founded industrial schools, newsboy's lodging houses, dental clinics, night schools, reading rooms, summer camps and sanitoriums. But it made its largest contribution through a foster care program which, in its first twenty-five years of existence, sent an estimated 50,000 children to the houses of farmers in the West (Abbott, 1937, pp. 128-139).

Charity organization societies. Following the economic depression of 1873, the public again became aware of the disorganization of public and private relief, despite the scattered existence of several State Boards of Charity. The Reverend S. Humphreys Gurteen had been to England and was familiar with the work of the London Charity Organization which was based on the beliefs of Thomas Chalmers. In 1877, Reverend Gurteen founded the first society of this type in the United States in Buffalo. Its founders were convinced that voluntary charity was superior to public relief. Within ten years, twenty-five Charity Organization Societies (COS) were established, and by 1892, there were ninety-two in existence throughout the country. All followed the major principles of the "Scientific Philanthropy" (Bremner, 1956, p. 169):

1. cooperation of all local charity agencies under a board of their representatives;
2. a central "confidential register" to avoid duplication of relief; and
3. an investigation of the social conditions of every applicant.

The voluntary organizations of this period did much to relieve the problems of the poor, of which their generally humanitarian and sincere workers were well aware. Yet, as Lubove (1965, p. 14) has pointed out, they were also aware, at least in spirit, of Josephine Shaw Lowell's comment that charity is, indeed, a transaction between superiors and inferiors since "it is impossible to be charitable to our equals."

V. THE AGE OF REFORM

The Antecedents

The last four decades of the nineteenth century produced continuous attempts to further regulate child labor. Previous success, prior to the Civil War, in establishing free compulsory education, provided the basis for the belief that further benefits for children could be realistically achieved. Supported by the humanitarian efforts of trade unionism, the child labor movement gradually succeeded in raising the minimum working age above fourteen in Northern states, in shortening the length of the required working day, and in protecting children from a wide variety of unhealth working conditions.

Second, this era fostered the establishment and growth of the settlement movement. The movement began in 1884 in East London with the creation of Toynbee Hall. Its founder, Samuel Barnett, sought to bring university men into the worst parish in London in an attempt to close the wide gap of understanding between the rich and the poor (Fink, *et al.*, 1963, p. 63). Although it had many critics, this "university settlement" proved a great success, and by 1910, there were 46 settlements throughout England.

One of the students at Toynbee Hall was Stanton Coit. He remained there only three months, before returning to New York in 1886 and founding the Neighborhood Guild, the first settlement in the United States. Two years later, Jane Addams visited Toynbee Hall. Her observations led her and Ellen Starr to establish Hull House in Chicago in 1889. Hull House was the embodiment of a particularly significant reform, since it offered its founders a means to express their belief that the government had a major responsibility for the well-being of all the people. Another important settlement was the Henry Street Settlement, founded in 1893 as a nursing center by Lillian Wald.

By 1897, seventy-four settlements had been established in the United States. The number had reached four hundred by 1910, and, in 1911, the National Foundation of Settlements was founded. Although many of the early settlements were patterned after those in England, the two movements quickly diverged. The major difference in addition to a greater interest in research and reform in the American settlements lay in the existence of a shifting ethnic population near almost every settlement in the United States. Growing neighborhood spirit occasionally produced conflicts between the settlement and an adjacent, but excluded, ethnic group. As a result, one of the major goals of settlement houses gradually became the establishment of a program to actively aid the Americanization of the hundreds of thousands of immigrants who began to arrive in this country during the first decades of the twentieth century.

Third, as noted by Bernstein (1973, p. 13), the last four decades of the nineteenth century in the United States saw an increase in the number of orphans. The large numbers of orphans resulting from the Civil War and other wars of the period resulted in a need for more orphanages. This need was largely met by institutions established under the auspices of private interest groups. Although destitute and neglected children were generally cared for in the orphanages of this era (Thurston, 1930, p. 87), special institutions, created on an orphanage model, were gradually established for the care of children with specific physical and mental defects.

American Social Work

Social work as a profession. Benjamin Kidd, in 1874 (p. 1), remarked that

> despite the great advances which science has made during the past century in almost every other direction, there is, it must be confessed, no science of human society properly so called.

His point was well taken. Yet, at the same time, he had no way of knowing that 1874 marked the mid-point of the period during which four significant events took place, which led to the development of the discipline of social work. Although all of the primary contributors to what was to become "the science of social welfare" have been previously mentioned, their specific contributions should be described. The Association for Improving the Condition of the Poor (AICP) was created in 1843; the Children's Aid Society was founded in 1854, the Charity Organization movement was established in 1877, and the American Social Settlement movement was begun in 1886.

The main contribution of the AICP was "friendly visiting." Although it borrowed this concept from the New York Society for the Prevention of Pauperism, which had employed "visitors of the indigent" as distributors two decades earlier, the AICP expanded this role to include persuasion toward self-help. However, as noted in Gillin, (1927, p. 510) regarding the AICP, "rarely they employed the friendly visitor and [they] made employment the basis of relief." The role of the "friendly visitor" was further extended by the CAS movement to include according to Friedlander (1961, p. 94), "Investigation of the social condition of every applicant . . . in order to determine the need and the individual measures necessary in each individual case."

According to Becker (1964, p. 59), this meant, "seeing and knowing people in their homes, and trying, by means of personal influence and practical suggestions, to improve their condition."

The major contribution of the Children's Aid Society was a highly successful foster care program, while the COS provided social work with administrative and organizational policies. These ranged from a means to keep track of recipients and full-time paid workers with specifically defined tasks (later called "caseworkers") to a structural basis for inter-agency coordination. In fact, as noted by Bruno (1948, p. 199), the concept of a Community Chest developed in 1888, when fifteen or sixteen Denver relief-giving societies united their appeals for funds, and named the joint project the Charity Organization Society. In 1903, "Indiana [began applying] the principles of charity organization to the whole state (Bruno, 1948, p. 208)." Finally, the Settlement House movement, by effectively working beyond the giving of poor relief, established the precedent for taking a wide interest in all the social problems of a given area.

As private and public agencies grew and multiplied, an enormous body of experience, concepts, and methods accumulated. To insure smooth continuation of proven activities, many charities conducted in-service apprenticeship programs. During the last decade of the nineteenth century, the need for more formal methods of instruction were realized. In 1893, Anna Dawes presented a paper to the International Congress on Charities entitled, "The Need for Training Schools for a New Profession." In 1896, Edward Devine and the New York Charity Organization Society established its summer school of philanthropy. Eight years later the New York School of Philanthropy was founded and, in 1919, became the New York School of Social Work. Although training programs were increasing at a tremendous pace, it was not fast enough. For, in 1927 (p. 236), Carstens could still say, "At the present time, positions requiring high personal qualifications and tested experience frequently go unfilled or are filled by workers of second-rate ability and mediocre experience because *there are no adequate facilities in the nation for their training* (emphasis added)."

As the educative movement for charity workers gained momentum, it was realized that a collective term was necessary to describe, as Zeitz (1959, p. 82) mentions, "All persons identified with the fields of public relief, private charity, corrections, mental illness and settlements; the prevention of child labor, tuberculosis, and infant mortality." After 1900, the National Conference of Charities and Corrections gradually began referring to its members as "social workers" and by 1905 the term "social work" was in common use (Devine, 1914, pp. 15-16).

Psychiatric social work. From the topics discussed at these early conventions, it appears that problems stemming from mental illness were a major concern. However, it was not until 1905 that social workers were employed in hospitals or clinics for nervous and mental disorders (Grinker, *et* *al.*, 1961, p. 116). In that year, Dr. James Putnam added a social worker to his staff at Massachusetts General Hospital Neurologic Clinic. In 1908, the employment of hospital social workers was given impetus through the mental health and juvenile court movements. Up until this time, the social welfare system had been concerned with dependent, neglected, and delinquent children. As the legal-correctional system began to include children, the welfare system began to shift its focus to the homeless, neglected and dependent child.

By 1913, social service departments had been established in several hospitals, and in that year, the department at the Boston Psychiatric Hospital originated the term "psychiatric social worker (Zietz, 1959, pp. 84-85)." The creation of this new profession marks the beginning of the division of what had always been considered a single system of social welfare into a mental health system and a new, more narrowly defined, social welfare system.

The Early Twentieth Century

The first decades of the twentieth century saw a heightened awareness of the failure of government and business to serve the public interest. Much of the increase in public awareness was due to a series of exposés published through *McClure's* magazine by an articulate group of progressives whom President Theodore Roosevelt termed "muckrakers." These cynical articles concentrated primarily on the mockery of democracy resulting from uncontained health hazards, graft, and the monopolistic policies of big business which they also saw as promoting poverty and dependency. Their proposed solutions included closing the gap between the government and the people by making the government more responsive, strictly regulating big business, and increasing the well-being of the lower classes.

Reform legislation was difficult to obtain, often requiring forty-eight separate campaigns to achieve national unity. Still, many social reform bills were eventually passed. Some important developments concerned the care of children.

Child welfare. Many reform efforts revolved around the welfare of children during this period. In 1904, settlement groups in New York and Chicago combined to form the National Child Labor Committee. Although their efforts were not always successful, this committee was largely responsible for the first White House Conference on the Care of Dependent Children, called by President Theodore Roosevelt in 1909. Among its fourteen recommendations were the principles that no child should be separated from his parents solely because of poverty conditions and that "home life is the highest and finest product of civilization."

As noted by Bernstein (1973, p. 51), these resolutions dealt a severe blow to the children's institutions of the day. However, a major consequence of this action was the rapid growth of a family foster home system and the rise of state provisions for aid to mothers of dependent children, beginning in Illinois in 1911. The new legislation made rapid headway, although provisions for mother's aid were at first opposed by those institutions which believed institutions served children better than poverty-stricken homes. Within ten years, forty-one states had adopted some form of mother's pension. One of the major suppositions within each state legislation was that if the mother was accepted for aid, she was also assumed to be in need of "supervision," or what was beginning to be called "casework."

White House Conferences. Another significant recommendation of the 1909 White House Conference on Children suggested that the federal government should establish a Federal Children's Agency. This proposal resulted in the creation, by Congress, in 1912, of the Children's Bureau, which was first placed in the Department of Commerce and Labor. The Bureau was given the responsibility, as noted by Vasey (1958, pp. 189-190), to investigate and report upon: "All matters pertaining to the welfare of children and child life among all classes of our people" and especially to investigate "the questions of infant mortality, the birthrate, orphanages, juvenile courts, desertions, dangerous occupations, accidents and the diseases of children."

In 1913, the Bureau was moved to the newly created Department of Labor. In 1917, it succeeded in getting the first Federal Child Labor Law passed, and became responsible for its administration. The law, declared unconstitutional nine months later, was a precedent for all future child labor legislation. The Bureau also played a significant role in acquiring legislation to improve the quality of care available to children, through state supervision and control. One of the major pieces of legislation of this type was the Sheppard-Towner Maternity and Infancy Act, passed in 1921, which provided grants-in-aid to the states for human services (Eliot, 1972, p. 3). In 1946, administration of the Children's Bureau was transferred to the Federal Security Agency. In 1953, it became a part of the Social and Rehabilitative Service of the Department of Health, Education, and Welfare. Since July, 1969, it has been located in the Office of Child Development in the United States Department of Health, Education, and Welfare.

White House Conferences on Children were held approximately every ten years. In 1919, the Conference on Child Welfare Standards focused on economic, social and health standards, child labor, and the problems of children who need special care. The third White House Conference on Child Health and Protection, called by President Hoover in 1930, established the bases from which the children's measures in the Social Security Act of 1935 developed. The fourth White House Conference on Children and Democracy in 1940 helped to establish a Voluntary National Citizens' Committee for the Protection of Children during World War II. The Mid-century White House Conference on Children and Youth, in 1950, sought ways to help children and youth master their new technological and nuclear environment. It discussed universal military training, federal aid to education, and publicly supported nursery schools. The 1960 conference covered topics ranging from juvenile delinquency and professional service personnel, to television violence and environmental pollution. In all, 670 recommendations were made. In 1970, the Conference was broken into two parts for the first time. The first segment considered the problems of children thirteen and under. The second phase was devoted to youth fourteen to twenty-four.

These White House Conferences on Children have come to be regarded as somewhat of a tradition. However, their proposals, in general, have gone unheeded.

Freudian thought. Another important development during the period between 1900 and 1920 was the prevalence of Freudian thought, with its emphasis on the history of the individual. Although Freud had appeared at Clark University for a series of lectures[2] in 1909, it was not until World War I and the mental breakdown of many healthy young men, according to Perlman (1951), that Freud's "half-perceived truths" began to widely replace the nineteenth century notion of moral fault. Social workers eagerly adopted this new-found tool, which from that point on served as one of the basic ideological supports for both individual casework and group involvement in the areas of investigation, diagnosis and treatment (Cohen, 1958, pp. 124-126). Social work casework was given another tremendous boost in 1918 with the publication of Mary Richmond's *Social Diagnosis*, which presented an overview of more than seventeen years of research and experience in the principles and techniques of social investigation. With this publication, social work finally had concrete evidence for its professionalism.

Child Welfare League. The first two decades of the twentieth century also saw the establishment of a permanent voluntary organization of child caring agencies. Although the Bureau for the Exchange of Information Among Child Helping Organizations was founded in 1915, the most significant development along these lines occurred in 1920 when this organization was incorporated with both voluntary and public services as the Child Welfare League of America. As noted by Zietz (1959, p. 118), it was in this form that an organization finally

> accepted responsibility for promoting better understanding of child welfare problems, for formulating standards and improving methods in all forms of service to children, for providing information on sound child welfare practices and reporting currently on successful effort in any part of the field, and for developing inter-agency service.

The Child Welfare League of America is still in existence today, concentrating primarily on areas of child welfare which lie beyond the immediate concern of any one state.

VI. THE GREAT DEPRESSION AND THE NEW DEAL

Background

As the 1920's began, the central features of our present social welfare system had been clearly established. Child welfare, social work methodology, and various institutional services for those with special needs were widespread.

The first two decades of the twentieth century had been a period of tremendous optimism. Increasing prosperity and philanthropic interest fostered a near universal belief that the discovery of causes and solutions to major social problems was at hand. However, despite continual progress, a uniform national program of welfare for all sections of the country, and all elements of the population in need, remained a distant dream. The social reform movement all but halted during World War I, and the armistice was followed by an era of business recession, disillusionment and dissatisfaction. A national program of a "return to normalcy" was hastily established and proved successful. Although there were signs of future difficulty, a decade of seemingly endless progress and prosperity, known as the "Roaring Twenties," had begun.

Despite the general frivolity of this period, several groups of serious minded reformers continued to achieve significant progress. The year 1918-1919 was proclaimed "children's year" and, as already mentioned, the Sheppard-Towner Maternity and Infancy Act was passed in 1921, greatly increasing the federal government's financial responsibility for state welfare programs through grants-in-aid.

Commonwealth Fund Project. In the same year, the Commonwealth Fund began a five-year demonstration project for the prevention of delinquency

> to demonstrate and promote the wider application of modern psychiatric science and visiting teacher service to the study and guidance of children presenting problems of conduct and maladjustment in school and in society (Zietz, 1959, p. 121).

The project consisted of three parts. The first included the establishment of a children's clinic, to be known as the Bureau of Children's Guidance. The second created demonstration psychiatric clinics in select cities and a department of psychiatric child service. The final portion authorized the formation of a National Committee on Visiting Teachers, to demonstrate the effective handling of "problem children" in thirty communities. It was a result of this team approach project for the treatment of maladjusted children that the description of the "emotionally disturbed child" first appeared in 1922.

AASW. Also in 1921, social work took a significant step toward acquiring professional characteristics with the founding of the American Association of Social Workers. During its first five years of existence, as noted by Cheyney (1926, pp. 49-50), the Association studied, defined, and standardized social work qualifications, and published a monthly magazine and a series of descriptive pamphlets for students contemplating a social work career. In 1926, the American Association of Psychiatric Social Workers was founded. Professional growth also took the form of an increasing number of accredited schools of social work. Twenty-three existed in 1929.

Parent Education. Another important development of this period was the parent education movement to help parents understand the problems and processes of child development. The first nursery school in the United States was begun in 1919 to observe and study child development for the purpose of building a scientifically sound educational program. The Child Study Association was formed in 1924.

Adoption. In addition, a national study of adoption laws, conducted by the Children's Bureau in 1925, served to focus public attention for the first time on the issues and problems of adoption. The study indicated wide state-to-state variations in existing statutes.

The Great Depression. On the eve of the Great Depression, as noted by Vasey (1958, p. 27), the national pattern of welfare services was a patchwork consisting of local, county, state and private activities. Although three-quarters of the poor relief was provided by public measures, their services were comparatively limited in scope and grossly insufficient. Administration was poor. Various county or municipal governments were guiding different programs under the same state law, and financing was inadequate.

When unemployment began to increase in 1927, the problem was initially viewed as simply another temporary and minor business downturn which would rectify itself in time. However, when the economic depression arrived in full force in 1929, it abruptly changed the principles and practices of American social welfare in general, and of poor relief in particular. The political appointees, who administered poor relief in all but forty cities where social work programs had developed, had identified poverty with idleness and vice. Until this time, the slowly but steadily increasing welfare roles had been maintained by decreasing per capita relief amounts, and self-respecting families had been successfully "protected" from the disgrace of "pauper aid" by private family welfare agencies.

When the number of unemployed increased from 2.8 million in the spring of 1929 to 4.0 million less than eight months later, the majority of the public looked to private welfare agencies for support, and quickly overburdened their once adequate resources. Rather than suffer the degradation of "public relief," those lucky enough to have their banks still operating withdrew and exhausted their savings. Others tried to borrow money, but credit rapidly vanished. Within a few months, private social agencies had entirely depleted their annual budgets, and by the spring of 1930, over 4.6 million people were out of work. President Hoover repeatedly refused to grant federal aid to states that requested it. He still considered the crisis to be only a temporary emergency of presumably short duration. He also believed that private charity, and not taxation, was the proper method of distributing poor relief.

The New Deal

In November, 1932, Hoover went before the people with his philosophy of government unaltered despite losing the majority in Congress two years before. The people voted for a change, Franklin Delano Roosevelt, and the New Deal. There were now fifteen million unemployed and the Depression had reached its lowest point.

In this period of despair, according to Greer (1949, pp. 266-268), the New Deal succeeded in reestablishing a balanced and confident economic system by reducing profiteering and speculation, by stabilizing the economy, and by bringing much needed humanitarian relief to the suffering and deprived masses. Success, according to Cohen (1958, p. 164), simply followed active government involvement in the economic arena dealing with:

> anti-trust suits to regulate competition; a system of social security; regulations for public utilities, provisions for collective bargaining between employers and employees, controls for the stock market, extension and protection of loans to industry, farmers, and home builders; farm controls and subsidies, protection of bank deposits; protection of the consumer through fair trade practices, protection and rehabilitation of natural resources, and public owned and operated projects.

The Social Security Act

The structure of the social welfare system as it currently exists, including children's programs is based upon the Social Security Act of 1935. The Social Security provisions of the mid-1930's were not so much idealistic aspirations for the future as they were the second-stage stop-gap preventive measures of an economically and socially devastated period. The broad program of federal grants-in-aid to states provided care for three categories of the needy. dependent children, the aged, and the blind.

Just prior to the passage of the Social Security Act of 1935, public resentment of the idea of social insurance had begun to grow. Social insurance was increasingly viewed as a subversive, anti-American concept which would slowly extinguish individual incentive. Today, as in 1935, social insurance is largely an established institution of categorical public assistance, comprised of Old Age, Survivors, and Disability Insurance. With the addition of health insurance, "Social Security" is also known today as OASDI. The gradual acceptance of governmental intervention into the distributive process stemmed partly from the growing attitude that assistance was a "right," and partly, as noted by Rimlinger (1965, p. 106), from the federal government's success at making its intervention appear as passive as possible.

VII. CHILDREN'S PROGRAMS

Aid to Dependent Children

Although the current federally aided public assistance system includes Old Age Assistance, Aid to the Blind, Aid to the Permanently and Totally Disabled, and Aid to Families with Dependent Children (AFDC), it is the last and largest of these programs which has become virtually synonymous with the term "welfare (Levitan, 1972, p. 1)."

Prior to 1935, programs of financial aid for the care of children in their own homes were in effect in forty-one states. All took the form of either "mother's aid," "mother's allowances," or "widow's pensions." In March of 1912, Milwaukee's juvenile court began providing assistance to families with dependent children as an alternative to institutionalization, and six months later New York experimentally pensioned fifty widows with dependent children (Gillin, 1927, p. 406). By 1913, thirteen states provided mother's pensions for widows to care for their children in their own homes. In 1934, thirty-six states had extended aid to mothers whose husbands had deserted, and twenty-one states provided assistance to divorced mothers or "to a dependent family in which the father was physically or mentally incapacitated (or) imprisoned (White, 1950, p. 178)." However, mother's aid was not mandatory, and only a few counties or municipalities in each state chose to establish programs.

Before the Social Security Act of 1935, the administration of mother's aid had been an entirely local problem. In seventeen of thirty-one states with local administration (as opposed to county boards), juvenile court judges administered the programs. The ADC legislation deprived these judges of a former function, and thus, political prestige. For this reason, they were opposed to it until Social Security amendments established a separate administrative agency, with a judge as its chief executive, which again allowed courts to administer aid to dependent children. Some, but not many, dependent children who did not receive aid, were put to work during the Depression through the Work Projects Administration, the National Youth Administration and the Civilian Conservation Corps (Eliot, 1941, p. 637).

Title IV of the Social Security Act of 1935 provided for "Grants to States for Aid to Dependent Children." As noted by Gillin (1937, pp. 420-421), in order for states to receive aid they were required to provide:

1. mandatory aid in all political subdivisions;
2. financial participation by the state;
3. either the establishment or designation of a single state agency to administer the plan, or to supervise the administration of the plan;
4. a fair hearing to any individual who has been denied aid;
5. proper and efficient methods of administration (as determined by the Social Security Board) for the plan; and
6. that the state agency will make required reports and comply with the provisions of the board.

At first, the federal government took responsibility for 33 per cent of the ADC costs. However, since it had been paying 50 per cent of the costs of programs for the blind and the aged since 1935, it agreed, in 1936, to also pay 50 per cent of the ADC costs. In 1962, federal financial participation was increased to 75 per cent of the total costs in all states that provided each child with whatever services were deemed necessary, in view of his home conditions. This amendment had tremendous significance for social work methodology. Quite suddenly, the reliance on the single intervention method of casework was replaced by multiple intervention methods for individualized service.

Trends and developments. One of the developments in the ADC program has been the changing of the definition of a "dependent" child. In 1935, a "dependent" child was defined as under sixteen, or under eighteen if still in school. The amendments of 1956 changed this definition to under eighteen, whether in school or not.

Another trend has been the continual growth of the program. Part of the growth in the number of ADC recipients during the twenty year period between 1935 and 1955 was due, as pointed out by Cohen (1955, p. 251) to a 31 per cent rise in the number of children under age eighteen. Other influential variables have been: increases in the number of families headed by women; population shifts toward urban centers which have increased both need and administrative awareness of need; legislation (1950-1951) to permit the guardian (primarily mothers) to be included in the welfare budget (thus increasing individuals on welfare, but not the number of welfare "cases"); the expansion of the ADC program in 1962 to include all relatives in need living with dependent children, thus changing the program to Aid to Families with Dependent Children (AFDC); the expansion of the program to support families with children of unemployed parents; and the political effects of economic recessions in 1954, 1957-1958, and 1960-1961.

Still another major variable, as noted by Wilner (1969, pp. 24-27) was the establishment of Welfare Rights Organizations which developed from the anti-poverty program of the mid-1960's. Also of major significance were the writings of a group of modern "muckrakers," such as John Galbraith (*The Affluent Society,* 1958), Michael Harrington (*The Other America,* 1962), and Thomas Gladwin (*Poverty, U. S. A.,* 1967). The combination of these influences as well as the militancy and unrest of the civil rights movement which provided increased electoral power among formerly politically powerless minorities, led to a doubling of AFDC roles between 1966 and 1970. During the 1960's there was a jump in the number of recipients from 2.9 million at the beginning of 1960 to 7.3 million at the end of 1969 (Levitan, 1972, p. 7).

Change in view. Following the period of increasing unrest during the late 1960's, liberalizations in welfare policies allowed welfare agencies to begin to look more favorably upon welfare recipients. However, after a period of temporary liberalization and as a greater proportion of the nation's mothers entered the labor force, general acceptance of the utilization of public funds to enable them to remain home and care for their children decreased markedly. At the same time, many AFDC mothers, especially Southern Blacks, were required to work in order to remain on the rolls. To overcome poverty, they must neglect their children.

There is yet another paradox. The great increase in the number of children receiving AFDC because of the separation or desertion of parents led to a resentment against financial compensation for lack of parental responsibility. However, in 1968, the Supreme Court ruled unconstitutional the "man in the house" rule which held a man living in an AFDC home responsible for the children's support. In the following year, the court discarded the one-year residency requirement for eligibility. This strange combination of eligibility requirements is even more complex, for, as noted by Levitan (1972, p. 10), it is still a law that "the father of an unborn child *may not marry the mother* so that she may qualify for (AFDC) assistance (emphasis mine)."

1962 Amendments. President Kennedy's "war on poverty" in the 60's was a further political "cause" of the steady rise in AFDC rolls. The 1962 Social Security Amendments reflected his concern over this increase by emphasizing "rehabilitation and not relief." This led to an increase of in-kind payments and a decrease in cash payments. At the heart of these amendments was the belief that a more thorough investigation of eligibility was necessary.

1967 and 1969 Amendments. The "War on Poverty" did not result in a decrease of the rolls. Consequently, more concrete and work-related services were proposed. The Social Security amendments of 1967 emphasized these types of services and concentrated on legal programs, day care, Head

Start and other forms of compensatory education, manpower training, work experience, and service, the same types of programs, with the exception of welfare services being emphasized by the Office of Economic Opportunity. Beneficiary payments were also increased thirteen per cent. The Tax Reform Act of 1969 increased retirement and survivor's benefits by about fifteen per cent, effective January 1, 1970.

In summary, during a period when both the public and federal government viewed rising welfare costs with alarm, Social Security amendments paradoxically suggested "that eligibility determination be simplified, cash be separated from service, and services be made more generally available to a wider population (Gilbert, 1966, pp. 196-224)."

1972 Amendments. After three years of deliberation, a new series of amendments was signed into law on October 30, 1972. The most significant provisions of this bill (HR 1) included: higher benefits for widows, widowers, and workers who do not receive retirement benefits until age 65 but continue work past that age, extension of childhood disability insurance to include persons disabled between ages 18 and 22, and extensions of Medicare to persons receiving disability insurance for two years or more and for disabled persons in need of kidney dialysis treatments or kidney transplants (Ball, 1973).

Also included in HR 1 was the repeal of the existing federal-state aid programs for the aged, blind, and permanently and totally disabled, effective January 1, 1974. In their place will be created an entirely federal Supplemental Security Income program (SSI). Full monthly benefits will be $130 for an individual and $195 for an individual with an eligible spouse. Although a total administrative reorganization will take place, the only change, from the perspective of the recipient, will be that his check will arrive from the national treasury rather than the state treasury.

Work programs. The increase in work-related projects during the late 1960's as an effort to supplement financial relief was also ineffectual. Theoretically, however, they should have been at least as successful as the work relief programs of Roosevelt's New Deal. Work Experience and Training projects (WET) were founded in 1964 by the Economic Opportunity Act, but only four per cent of those who began training (seventeen per cent of those who completed training) were employed (Levitan, 1970, p. 74). This failure was due, in large part, to the fact that eligible participants were required to participate in complex schemes of rehabilitative services or work experience even though financial assistance alone might have been more beneficial (Levitan, 1970, p. 73).

Other work programs included the Community Work and Training programs (CWT) of 1962, the Job Corps, Neighborhood Youth Corps, and Community Action Program (1964), the Work Incentives Program (WIN) of 1967, and MDTA and JOBS, administered by the Labor Department. One of the basic reasons why these programs did not help solve the welfare dilemma was that their eligibility requirements did not permit those who desperately needed help to receive it. For example, the eligibility requirement for WIN, as pointed out by Levitan (1972, p. 78), exempted from work registration those who were:

1) ill or incapacitated,

2) too remote from any WIN project to participate effectively,

3) attending school full-time or expecting to do so within three months,

4) required in the home on a substantially continuous basis because of the illness or incapacity of another household member, or

5) lacking adequate child care arrangements.

This last requirement is especially interesting since HEW estimated in 1971 that the total capacity for licensed day care "centers" was 750,000. At the same time, there were 5.1 million AFDC children under age twelve. HEW estimated that sixty per cent of all AFDC mothers might require full-time year-round day care services. The guiding principle of welfare reform since the Social Security Act of 1935 has been the work ethic. In 1935, mothers were allowed to remain outside the work force and raise their children at home simply by choosing benefits rather than employment. The 1956 welfare reforms defined the three major objectives of welfare as economic independence, self-help, and the strengthening of family life. Eleven years later, in 1967, the House Ways and Means Committee announced its intention of setting "a new direction for AFDC legislation" by recommending "a series of amendments to carry out its firm intent of reducing the AFDC rolls by restoring more families to employment and self-reliance (House Report, No. 544, 1967, p. 96)."

This assumption suggests that assistance may continue to be given to those who work, but that assistance to those who do not work will be kept below the rate of the minimum wage. Nevertheless, it is clear that although incentives for work vary considerably from state to state, they are all very low. As noted by Hurley (1969, p. 158), the work incentives and relief payments "are so low and so uneven that the government is, by its own standards and definitions, a major source of the poverty on which it has declared unconditional war."

Other Child Welfare Services

Under Title V of the Social Security Act of 1935, Congress authorized funds to be provided to states for programs to children in the form of maternal and child health care, crippled children's care, and child welfare.

In modern societies, parents are expected to provide the income needed to assure food, clothing, shelter, education, and recreation, meet emotional needs; stimulate intellectual growth; effectively socialize behavior; protect the child from physical or emotional harm; serve as a good model for identification, maintain home life on a stable and satisfying basis; and provide a clearly defined "place" for the child in the community.

The term *child welfare*, in a general sense, includes both maternal and child health care and crippled children's care. In this sense, child welfare includes supplemental care, that is, support services to parents, as well as services which substitute for, or hope to prevent, the deprivation of parental care. In a narrower sense, *child welfare* applies only to the latter types of substitution services. One of the most descriptive and comprehensive definitions of child welfare services from this more specific perspective is found in the Social Security Act as amended on July 25, 1962 (PL 87-543, Section 528, p. 180):

> child welfare services mean public social services which supplement, or substitute for parental care and supervision for the purpose of
>
> 1. preventing, or remedying, or assisting in the solution of problems which may result in the neglect, abuse, exploitation or delinquency of children,
> 2. protecting and caring for homeless, dependent, or neglected children,
> 3. protecting and promoting the welfare of children of working mothers, and
> 4. otherwise protecting and promoting the welfare of children, including the strengthening of their own homes where possible or, where needed, the provision of adequate care of children away from their homes in foster family homes or day care or other child care facilities.

Existing systems of child care may be divided into services for children living in their own homes, and services for children who must live away from their homes. The first group includes income maintenance, maternal and child welfare, day care, homemaker's services, services for school children, and protective services. The second group consists of adoption, foster care, and group home services.

Services for Children in Their Homes

Income maintenance. Income maintenance in the United States since the Social Security Act of 1935 has consisted of the Aid to Dependent Children program, which, in 1962, became Aid to Families with Dependent Children. These programs developed from mother's pensions, first established in 1912. As already mentioned, AFDC includes both financial relief and in-kind payments such as food stamps, clothing, and medicine.

In 1971, 63 other countries, including Canada, France, England, Italy, New Zealand, several of the Scandanavian countries, Spain and Switzerland, provided somewhat similar programs, known as Family Allowances, or Children's Allowances. However, unlike AFDC, Family Allowances are not based upon need but on numbers of children. They are provided as a supplement to family income and are usually paid weekly.

Maternal and child welfare. The first federally funded maternity and child welfare programs in the United States were established by the Sheppard-Towner Maternity and Infancy Act of 1921. Title V of the Social Security Act of 1935 provided grants-in-aid to states based upon the ratio of live births in the state to the total live births in the U. S. (Friedlander, 1961, p. 350). Since then, repeated amendments have increased the amount of available money.

During World War II, the federal government provided free emergency maternity and infant care to wives of servicemen. This program served as an important segment of the major long-term project established by the 1935 legislation, a concerted attempt to lower the nation's infant mortality rate.

Services provided under maternal and child welfare legislation include: prenatal clinics and well-baby clinics for regular medical examinations of young children and advice to their mothers; public health nurse home service, before and after delivery; medical and hospital care for premature infants; infant and preschool health supervision; dental and school health services, including small pox, diptheria and polio inoculations; advisory and consultation services to hospital maternity wards; licensing and inspection of maternity homes; education in nutrition for both mother and child; postgraduate and in-service training programs for pediatricians, dentists, nurses, nutritionists, and social workers, and grants to institutes and groups for conferences and demonstration and research projects.

Another major service, begun in the United States in 1965 and 1966, and modeled after Maternity Aid Substitute services in the Scandinavian countries, consists of family planning, birth control, and abortion information and consultation. Also included are services for unmarried parents such as medical care, maternity home care, financial assistance, continuing education, vocational guidance and counseling.

Day care. The first day care center in the United States, according to Kadushin (1967), was established in 1854 at the Nursery and Child's Hospital in New York City, for the children of mothers who had been patients. When they left to return to work, children were left with the nurses during the day (p. 303). The first permanent day nursery in the United States, begun in 1863, provided care "for the children of women needed to manufacture soldier's clothing and to clean in hospitals (Preschool and Parental Education, 1929)." Although the National Federation of Day Nurseries was founded in 1898, it was not until the early 1920's and the advent of the nursery school movement that day care programs first became educational institutions and not just temporary protective residences.

The Depression forced the closing of many of these programs, but in 1934, through the Works Projects Adminstration (WPA), many were reopened. Due to widespread defense mobilization and the resulting family dislocations, the U. S. Children's Bureau sponsored a conference on Day Care of Children of Working Mothers in July of 1941. A short time later, World War II ushered in the era of working mothers which created a substantial increase in the need for day care centers. In 1946, the Children's Bureau urged communities to develop long-range plans for day care.

However, the need remained largely unmet and in 1960, the Children's Bureau sponsored a national conference for day care for children to publicize the growing urgency for more services of this type. The 1962 Social Security Amendments allotted $10 million of federal child welfare funds for day care, and the amount has since been increased. However, as previously noted, existing day care facilities fall dreadfully short of the present minimum requirements.

In the last decade, day care centers have expanded their services tremendously. According to the Child Welfare League (1968, pp. 11-12), day care provides:

> protection, care, and developmental experiences, in a group facility or in family day care homes, for children whose parents work or (are) away from home for other reasons, and for children with special needs (e.g., disadvantaged, mentally retarded, emotionally disturbed children). Service elements include:
>
> 1. exploration to determine the most suitable arrangements for the child and parents,
> 2. work in behalf or directly with children in day care; a daily program of care and educational activities; health supervision; transportation; work with family day care mothers,
> 3. work with parents, to help them make best use of day care and to cope with problems in child development and rearing, and
> 4. family day care home recruitment, homefinding, development, and licensing.

Homemakers services. The first homemaker's services in the United States, as pointed out by Kadushin, consisted of visiting cleaners employed by the AICP in New York City in 1903 who supplemented nursing services by "lifting temporarily the simple everyday domestic burdens from sick mothers (1967, p. 257)." Gradually, within the next two decades, these services were provided even when the mother was not sick, to demonstrate, where needed, the art of good housekeeping. In 1923, the Jewish Family Welfare Society of Philadelphia organized the first homemaker program in the country to provide family services during the temporary absence of the mother. Ten years later, the concept of a follow-up housekeeping aid program was initiated by the Associated Charities of Cincinnati in an effort to make the return of the mother less traumatic. The first federally financed homemaker services were established during the Depression by FERA, and substantially expanded in 1935 under the administration of the WPA.

In 1937, the Children's Bureau sponsored a national conference on housekeeper services, and in 1939, a national volunteer group organized a committee on supervised homemaker housekeeping services. The world war greatly increased the need for such services and in 1946, this committee became the National Committee on Homemaker Service. The National Council on Homemaker Service was established in 1961.

The duties of the substitute homemaker most frequently involve the activities usually assumed by the female parent figure in the home. These may include care and supervision of children, washing, ironing, cooking, cleaning and maintenance, and shopping. They also include care of the sick and invalid where no nursing service is available or needed.

Recent trends in homemaker service have involved attempts to recruit supplementary homemakers from the economic class and neighborhood where they are needed, as well as the broadening of services to include care of adults in their own homes who are dependent, physically or emotionally ill, or handicapped.

Services for school children. The history of services for school children has developed along two separate and distinct paths. The first consists of the concept of "visiting teachers" originated in Boston, Hartford, and New York City in 1906 and 1907. This program began in an effort to bring social work solutions to school difficulties caused by problems in the home, and to help diagnose and treat physical and psychological problems. Since the school must offer educational services to children who are indigent, delinquent, defective, and maladjusted, the "visiting teacher program" was also intended to be a preventive program where possible. The program grew so rapidly during its first decade of organization that the American Association of Visiting Teachers was founded in 1916. It was renamed the National Association of Social Workers in 1945.

The second kind of service for school children began with the enforcement of attendance laws. However, it became gradually but convincingly apparent that legal enforcement, by itself, did not lessen the problem of truancy. As a result, the role of the truant officer has been assumed in recent years by the school social worker.

The school social worker is now viewed as an important member of a constructive, rather than punitive, team consisting of teacher, principal, superintendent, nurse, physician, psychologist, and guidance counselor. These teams have progressively achieved clearer definition and understanding of their complementary tasks and have become increasingly successful in providing adequate academic and emotional environments for school children.

In addition to the team approach, school services for children include milk and lunch programs and, as previously noted, inoculations as well as regular dental and health checkups.

Protective services. Protective services are more easily described than defined. According to Zietz (1959), protective services to children "are special casework services on behalf of children who are abused, neglected, or receiving inadequate care and supervision (p. 308)." Protective service has also been defined as "a service to parents, guardians, or custodians who are unable or unwilling to ask for and use help from other resources and who are failing to meet the basic needs of their children (Standards for Child Protective Agencies, undated, unnumbered)."

In earlier periods of history, during the time of feudalism and the early Industrial Revolution, parents had the right to sell, give away, exploit, and kill their children. It was not until the initiation of the movement which led to child labor reform in early nineteenth century England that safe-guarding the health of children received notice. It was not until 1875 that any child protection law, beyond child labor legislation, existed in the United States. In that year, a single case of child abuse was brought before a New York court under the existing Prevention of Cruelty to Animals Statute. The child's parents were convicted and jailed for mistreating an "animal." As a result, the New York County Society for the Protection of Cruelty to Children was established. These societies spread quickly, and in 1887, the American Humane Society established its first Children's Division to coordinate the activities of the 161 voluntary protective service agencies which existed by 1900 (Kadushin, 1967, p. 206). For the most part, these agencies were "child rescue" organizations emphasizing legal action.

By 1900, there was also another trend developing in the treatment of cases of child abuse or neglect. This trend, less legalistic and more social, concentrated on services to help, rather than punish, parents. The first White House Conference on Children lent great impetus to this movement by declaring that the child should not be removed from the home if at all possible.

The concern for the protection of children's well-being has grown tremendously throughout the twentieth century. In 1935, Title V, Part 3, of the Social Security Act granted federal funds to states for the care of children who were "dependent, neglected, or in danger of becoming delinquent." In 1960, the Golden Anniversary White House Conference on Children and Youth recommended that each community set up a separate agency for receiving complaints regarding child neglect. Social Security amendments since 1960 have expanded protective services to every political subdivision of every state.

The terms 'dependent' and 'delinquent' do not create problems of definition nearly as frequently as does the term 'neglect.' Neglect is broadly defined as both passive neglect and active abuse or exploitation, and applies to social, emotional, educational, and physical needs of the child. Protective service, as pointed out by the Canadian Welfare Council (1954) is "based on law and is supported by community standards. Its purpose is protection of children through strengthening the home, or, failing that, making plans for their care and custody through the courts (p. 8)."

However, since in may cases the parents who need protective services are either members of one-parent families or have financial problems, going to jail, paying a fine, or receiving adverse publicity usually provide no solution to the problem and little, if any, help for the child. Consequently, a protective service is most effective "when it can be offered to parents before the situation becomes so serious that a court is involved (Zietz, 1959, p. 310)."

Under these circumstances, the most frequently provided protective service consists of information about other available resources, help accepting and using these resources, or reassurance that the child's behavior or development is within a normal range. In addition, it is sometimes necessary to counsel the parent to understand the child's problem, to recognize his own part in helping to create the problem, or to assume responsibility for changing his own feelings or behavior.

When preventive and referral programs prove inadequate, a child welfare worker is not empowered to remove children from their houses without their parent's consent. However, if in his judgment, the child cannot safely remain in the home, his agency may petition the court for removal, alleging either neglect or abuse. If the request is granted, the agency and the court, together with the family, plans for the child's substitute care.

Services for Children Away from Home

Adoption. The historical background of the concept of adoption is not at all clear. In fact, no body of common law regarding it exists, and the practice of adoption during the feudal, industrial, and American colonial periods became hopelessly confused by the relationship between lord and serf, and between master and apprentice.

The increasing reaction to the conditions of children in almshouses in this country led to the first specific adoption law. In 1851, Massachusetts enacted a statute which, as noted by Dadushin (1967, p. 436), provided for:

1. the written consent of the child's natural parent,
2. joint petition by both adopting parents,
3. a decree by judge that the adoption was "fit and proper" and
4. complete legal severance of the relationship between the child and his natural parents.

However, later in the nineteenth century, the orphan or the illegitimate child was considered fortunate if he could find a home of any kind. Few questions were asked. The reason for this change in view lies in the rise of the philosophy of Social Darwinism and the increasing belief in the genetic inheritability of characteristics. Adoption was, at this time, considered especially risky in the cases of illegitimate children who might very well have inherited the obviously immoral tendencies of their natural parents. Furthermore, the adoption of handicapped children or those of unknown social or health background was seen as an especially bad risk.

During the first quarter of the twentith century, advances in medical and social science greatly altered the attitude toward adoption. Psychiatrists, psychologists, and social workers emphasized the emotional scars of deprivation, and medical science increased its knowledge of genetic mechanisms. This led to studies of adoptive practices in many states during the early 1920's, and in 1925 to the first nationwide study of adoption laws conducted by the Child Welfare Bureau. This study uncovered wide variations and helped stimulate the amendment of adoption laws to more standard forms in most states by 1929.

There have been several basic trends in adoption since the 1920's. At one time, adoption was thought to be only for the perfect or near-perfect baby. Earlier placement, in general, and the placement of children with physical and psychological defects, in particular, have increased, due largely to the awareness that deprivation of parenting for even relatively short periods of time can have devastating effects. Another basic trend is the general increase in the number of actual adoptions. This is due in part to an increase in the number of illegitimate or unwanted births; a decrease in the percentage of "unpublicized" adoptions by close relatives; and an increase in the number of single parent adoptions. Still another trend consists of placing more emphasis on the needs of the child in determining his future parents and less emphasis on the requirements of the adopting family.

Adoption agencies have also become increasingly interested in the attributes of adopting parents. Before adoption is granted, agencies now usually take into consideration the health of the future parents; their marriage stability and religion; their capacity for parenthood, fertility status and, when applicable, adjustment to sterility; their motivation for adoption and their age in relation to the age of the child; and the reaction of significant others in the applicant's family toward adoption (Kadushin, 1965, p.505).

The activities of adoption agencies also include home recruitment, home supervision until adoption is legally consummated, and post-adoption counseling.

Foster care. The term 'foster care' is usually defined as care in any type of facility, including individual family, boarding house, adoptive home, group home, or children's institutions. However, it is useful to consider adoption as separate from the rest, since adoption, unlike the others, is not temporary placement and is, in actuality, the ideal culmination of the others. Foster care may be a preliminary step in adoption, a substitute for a home legally defined as negligent or abusive, or a placement or series of placements while permanent adoptive parents are found for the abandoned or orphaned.

As with adoption, the history of foster care is hopelessly intertwined with the concepts of apprenticeship and indenture. The first planned foster care program in the United States was originated in 1854 by Charles Loring Brace of the New York Children's Aid Society, as a reaction to conditions in almshouses, where the dependent children of the day were usually to be found when they were not on the streets. In that year, Brace began a program of transporting children from New York City to western farmers, manufacturers, or families, usually in the country, who were very much in need of "helpers." During the next twenty-five years, an estimated 50,000 children were "placed" by the Children's Aid Society. Unfortunately, no follow-up supervision existed to speak of, and these children were all too often exploited or mistreated. The recognized need for more supervision and more specialized care led Martin Van Buren Van Arsdale to found State Children's Home Societies in Indiana and Illinois in 1883 (Kadushin, 1965, p.360). By 1923, thirty-four states had homes of this type serving as interim placements prior to permanent adoption.

Beginning in 1886, the Boston Children's Aid Society, headed by Charles Britwell, instituted the policy of fitting placement to the needs of children rather than indiscriminately depositing them in available homes. During this time, boarding foster homes also appeared in increasing numbers. Their appearance significantly increased freedom of selection by agencies, while the gradual development of rigorous standards for their operation eventually made close post placement supervision of homes much less antagonizing for all parties involved. However, there was often inadequate financial support even for the best of these placements. Although payments to foster parents usually helped cover food, clothing, and incidental costs, they almost never provide money for medical and dental care.

The growing acceptance of the need for individualization in child care led to the rapid diversification of foster care facilities after World War I. Although the same procedures are found in adoption, the same problems also exist. In general, the foster care program is failing in two important respects. First of all, good foster homes do not exist in great enough quantity to handle the tremendous number of children who are waiting for placement, especially children who represent minorities, are older, or are physically or mentally handicapped.

As noted by Zietz (1959, p.352), the inadequacy of foster care services has been due to the fact that

1. the growth in the children's population has been faster than the growth in welfare services;
2. increased mobility has increasingly disrupted family life and increased the need for alternative placement;
3. increasing industrialization and urbanization has increased the number of working women and, therefore, the number of females unable to care for children;
4. populations have shifted to the suburbs while child welfare services have not, which has created a "lag" in preventive services, thus increasing the need for alternative placements;
5. poor housing has further disrupted family life and led to an increasing need for foster care; and
6. the movement of industry out of central communities and into industrial parks has economically depressed and stranded communities, which has increased the need for welfare services including foster care.

The second major failing of foster care programs is that, more and more, foster care is becoming generally less and less temporary. In many cases, foster children are simply being shuffled from one home to another.

In addition to attempting to recruit a larger number of foster homes as a possible solution to the problem of too many children in need of placement, welfare agencies have attempted to provide adequate services to parents in the home before the need for alternative placement becomes necessary.

Handicapped children. The growing acceptance of the need for individualization in care and maintenance has also led to the increased specialization of institutions for children with specific treatment problems. Institutions for the handicapped have been established for the blind, the deaf, the crippled, the mentally ill and the emotionally disturbed.

The emotionally disturbed child has posed a special problem. The literature describing emotional disturbances in children has been concerned almost exclusively with discussions of psychosis and, more specifically, with schizophrenia. Kraepelin described it as dementia praecox and de Sanctis suggested the term "dementia praelocissima" to describe a group of marked disturbances appearing in preschool-age children.

The early twentieth century, with its emphasis on individualistic treatment, attempted to delineate the concept in terms of unique combinations of activities. However, in the 1940's there developed a period of controversy between two antithetical trends. While there was a tendency to revert to the pre-Kraepelinian indefiniteness in description, there was also a faction that resisted the trend to classify such an assortment of heterogeneous clinical entities under one etiological label. This controversy produced an entire spectrum of terminology, from Kranner's very specific "early infantile autism" to Beata Rank's "atypical child."

More recently, a larger number of terms has been used to describe emotionally disturbed children. These include: withdrawn, incorrigible, aggressive, regressive, truant, apathetic, anxious, hostile, overdependent, socially maladjusted, immature, perfectionistic, socially handicapped, insecure, and obsessive. In other words, as pointed out by Zietz (1959, p.249),

> A child may be said to be emotionally disturbed when his behavior interferes with his own social acceptance, motivation, and well-being; when it adversly affects the behavior and well-being of other children; and when it comes to the attention of parents, educators, law enforcement officials, or others who have responsibility for the child.

The care and maintenance of the type of children who are now called emotionally disturbed originally was the same as for all other children. Like everyone else on the feudal manor, they were expected to work in return for personal security. Like other children of the English and American industrial periods, they were apprenticed out to learn a trade. Like other dependent children in England and America, they were herded into "mixed almshouses."

With the expulsion of children from almshouses, emotionally disturbed children who came and treatment they need, and to progress through a series of foster homes, institutions, or centers, into foster homes or orphanages, adopted, put into day care centers, or sent to school. However, they have not usually fared well in these situations. They have tended not to receive the kind of attention and treatment they need and to progress through a series of foster homes., institutions, or centers, where they are the "trouble-makers."

With the specialization of institutions, residential centers for emotionally disturbed children have been established. DeFries (1964, p.623), after failing to successfully place emotionally disturbed children in foster homes for extended periods of time, came to the conclusion that, given the special needs of emotionally disturbed children and the realities of available foster homes, we need to "part with the sentimentalized idea that replication of family life is a realistic alternative for the majority of disturbed children." He goes on to suggest that group living in a well-run institution may be a feasible alternative. This may take the form of specialized foster homes, specialized day care centers, or specialized residential institutions.

However, these alternatives exist only for the emotionally disturbed children who come, through various means, to the attention of the social welfare system and its workers. One of the largest problems in this area from the point of view of the social welfare system was noted by Arnold in 1944 and is still a problem in 1973 (p.503):

> We have put stress on the organization of financial assistance and we are, I believe, thought of only as a relief institution. I do not believe anyone with a child who had behavior problems would think of our office as a place where they could secure help.

Difficulties are also created by emotionally disturbed children as they try to get into the system. As pointed out by Hernstein (1960, p. 191), severely disturbed clients often induce feelings of guilt, helplessness, or shame on the part of the caseworkers, and thus are often not able to receive the placement that is best for them.

Another problem encountered by emotionally disturbed children once they are a part of the social welfare system (Osborn, 1954, p. 165), is that although

> they should be referred to appropriate social agencies within the community [this] is revealed as totally unrealistic, when one recognizes that in most communities there are no such agencies and that in some instances where such agencies do exist they have rejected or would reject such cases as untreatable.

In conclusion, the role of the social welfare system includes two very broad goals (Mitchell, 1960, p. 3). These goals apply to all individuals in this country, but they apply especially to emotionally disturbed children.

> The general direction of future progress [must be] to move toward assuring, for all Americans, an economic well-being that is more than minimum economic security, and to bring increased understanding and service to the noneconomic needs of man.

VIII. SUMMARY

Although much of the American social welfare system was developed directly from English economic, social, and political thought, the history of both social welfare systems may be regarded as the evolution of three interrelated developments. These consist of changes in attitude, changes in responsibility, and changes in the definition of problem areas.

Changes in attitude have regularly shifted from regarding those who are different as being personally at fault (morally inferior and criminal) to regarding their condition as the unfortunate product of social stress and economic inequality. Deviance, including the inability to maintain self-support, has been, at some point, specifically linked with genetic inferiority, moral laxity, laziness, defects of intemperance, extravagance, or indolence (all cured by education, religion, and work), or with various culturally determined phenomena (alleviated through social consciousness and reform).

Responsibility for the deviant has regularly alternated between church, state, private organizations, and individuals, depending upon the quality or relative strength of Christianity, feudalism, parish administration, legislative control, and the philanthropic philosophy. Action taken toward the deviant has vascillated between repression, recognition, and responsibility. Solutions have varied between punishment and support. Punishment has ranged from selective degradation to unlimited (open-ended) incarceration. Various types of support have included individual, specific and universal services under emergency, temporary and permanent conditions. The deviant's view of his position has shifted from accepting his fate and seeking religious support, to demanding care and maintenance as a "right."

The cycle of changes in the definition of problem areas has generally included the recognition of a single "different" group. The division between poverty problems and other problems, the progressive differentiation of specialized treatments and the gradual recombination of both "related" and "unrelated" problem areas have acted to counteract the negative effects of labeling and separation.

There have always been complex and not clearly definable relationships between attitude, definition, and responsibility. This is also true for the relationships between the policies and practices of the social welfare system and the social, political, and economic context over a period of time. Both systems of relationships undergo continuous change. Any change, at any time, at any point, in any direction, produces other changes in response. These "reactions" serve to return the system to an apparently permanent state of equilibrium. The separate consideration of attitude, responsibility, and definition of problem areas is not meant to signify their independent existence but has been done solely for the purpose of convenience.

The current American social welfare system is comprised of an intricate combination of concepts, many of which have been gradually, but usually only slightly, transformed in an effort to fit them to existing problems. These concepts include adoption, foster care, day care, homemakers' services, protective services, pensions, "outdoor" relief, "friendly visiting," settlement requirements, less eligibility, the work ethic, and the family as the ideal care unit.

A clearer and more thorough understanding of the social welfare system as it exists today is an inevitable consequence of a greater understanding of the historical development of the American social welfare system.

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THE TREATMENT OF DEVIANCE BY THE SOCIAL WELFARE SYSTEM: STRUCTURE

by

Christopher Unger

I. INTRODUCTION

The purpose of this paper is to describe the delivery of services to needy children by the public social welfare system as it exists today in the United States. Such a summary entails problems due to the expansiveness and instability of the system. First of all, the present social welfare system is so varied and complex that any level of generalization leads to inaccuracy. Secondly, the organizational and administrative structure of the system is undergoing such rapid change that any description quickly becomes an historical account. Nevertheless, we will attempt in this paper to give a description of the system as it relates to children, with as few distortions as possible.

Events in the 1950's and 1960's played large roles in the development of the current social welfare system. During this period, mass social movements emerged in response to the continuing and growing problems of poverty and racial discrimination. The bus boycott in Alabama in 1955 received support from across both racial and economic lines. Many new community and national organizations were formed and the National Association for the Advancement of Colored People (NAACP) experienced tremendous growth. A medical assistance program for the aged was established in 1960, while the Manpower Development and Training Act and President Johnson's "War on Poverty" created new education, training and work opportunities for the poor. However, this increased funding for rehabilitation and services was viewed by many as an inadequate attempt to placate angry minorities. In August, 1963, the issue of civil rights reached its peak with a march on Washington, and Congress responded by passing the Economic Opportunity Act in 1964. The Job Corps, the Neighborhood Youth Corps, and Community Action programs were established.

Publicly supported general medical care was given a tremendous boost in 1965 with the creation of Medicare, a hospital and medical insurance plan for people over 65. Despite increased money and attention, the combined efforts of the "War on Poverty" did not appear to be lessening the suffering of the poor. Again too little too late, for rioting had broken out in 1966 and 1967, still more work-related services were established in the form of legal, day care, Head Start, compulsory education, and manpower training programs.

By 1968, National Welfare Rights organizations had been formed, and books such as Galbraith's *The Affluent Society*, Harrington's *The Other America*, and Gladmin's *Poverty, USA* were being widely read. The number of people on welfare continued to grow and it was becoming clear that a welfare crisis had developed. Something had to be done, for it was apparent that the welfare system as a whole needed drastic overhaul. On August 8, 1969, President Nixon went on national television to announce his plan for restructuring welfare: "I propose that we abolish the present welfare system and adopt in its place a new family assistance system."

Much has happened to the shape of the social welfare delivery system in the last few years. In order to understand more fully what has occurred since the President's Family Assistance Plan PFAP) speech, we will first look at the welfare system from the point of view of the client, describing the target population of the system and programs offered. We will then view the structure of the system itself, with special attention to patterns of action and interaction, and future trends.

Characteristics of Welfare Recipients

The client population of the public social welfare system as it exists today was first defined by the Social Security Act of 1935. In that year, broad programs for federal grants-in-aid to states first provided benefits for three categories of the needy: dependent children, the aged, and the blind. Over the last four decades, the social welfare system was expanded tremendously, but the basic client population included the same groups. The great majority of social welfare clients today are dependent children and their families, the old, and the disabled. The proportion of clients in each group, however, has changed considerably since the early day of the Social Security Act.

Most of those who seek out the social welfare system are defined as multi-problem individuals, who are the product of multi-problem families. But, in addition to whatever personal problems the client has, he is also invariably poor.

Since at least 1966, the largest group of relief recipients has not been the children of aged members of a white urban family headed by a father with less than eight years of education (Stein, 1971, p. 15). Neither has it been the approximately thirty per cent of this country's aged (eighteen per cent of the total population) who are living in poverty on a fixed income — a figure which does not include the 1.7 million poor living in non-poor households or the 700,000 persons living in public homes. The largest group of welfare recipients are female-headed households; fully thirty-five per cent of all families without a father present are poor.

Race is also an important factor. Two out of every five non-whites are poor. This means that one-third of all of the poor are non-white. Yet another relevant variable is family size. For example, a family of four with an annual income of $4200 may not be considered poor; but a family of five with the same income may be. The allowance is not constant, however, since each new addition to a family is considered to be less expensive to care for than the last addition.

The social welfare delivery system was established to deal with the care and maintenance of individuals who were not able to care for themselves. Services created to fill these needs include maternal and child welfare, day care, homemaker's services, services for school children, protective services, adoption, and foster care. The primary reason social welfare clients cannot care for and maintain themselves is that they or their potential legal guardians do not have the financial resources necessary to purchase the service or treatment which is needed.

Relationship Between Mental Illness and Socio-economic Class

Hollingshead and Redlich (1958) have shown that there exists an inverse relationship between mental illness and socio-economic status: the lower the status, the higher the proportion of mental illness. Middle and upper socio-economic groups generally receive needed treatment in the form of intensive and extensive therapy, while those in the lower group usually receive custodial treatment at best. This same study showed that the rate of mental illness within the lowest economic groups was, in some cases, as high as eight times the rate found in the upper two groups.

Since approximately one-fifth of all children are in low-income or no-income families (Cohen, 1960, p. 8), and since the rate of mental disturbance may run eight times higher there than in greater income groups, it may be assumed that a sizable proportion of welfare recipients possess a mental (i.e., non-physical) problem in addition to the problems which brought them to the welfare rolls.

With the exception of a small number of specialized foster homes, day care centers, and institutions, the social welfare delivery system does not have any provisions for the care and maintenance of clients with exclusively non-physical problems. The presence of a non-institutionalized mentally ill, retarded, or emotionally disturbed person on the welfare rolls usually occurs because he is in need of welfare but is not considered ill enough to be removed from the healthier population. The fact that the welfare client may have a mild or moderate non physical problem in addition to his welfare needs is not the responsibility of the social welfare delivery system. In the cases where the non-physical condition of the welfare client is found to need special attention, because the condition is first discovered or first occurs after the client enters the welfare system, the social welfare delivery system becomes a referral agency and channels both the client and the primary responsibility for this client to the mental health system and its guidance clinics.

II. PROGRAMS AND SERVICES FOR CHILDREN

The programs and services of the social welfare delivery system are not geared to fulfill the needs of welfare clients with mental or emotional problems. In the case of adults, clear examples of either mental retardation or mental illness, including severe emotional disturbance, which disrupt the completion of the delivery of other services needed by the client, are simply removed from the responsibility of the system. However, lesser degrees of retardation or disturbance may receive direct attention. With adults, it is less likely to be seen as the major presenting problem.

First of all, difficulties are created by emotionally disturbed children as they attempt to enter the system. Children with severe emotional disturbances often cause feelings of guilt, shame, or helplessness on the part of the caseworker (Hernstein, 1960, p. 191). This, in addition to adversely affecting potential placement, leaves the caseworker with an emotional carryover which may affect his relationship with his next client and which may lead to further erosion of professional attitude or skills.

Furthermore, the presence of emotional disturbances in the clients already within the system creates problems. Assuming that there are appropriate agencies and facilities to treat the problem (Osborn, 1954, p. 165), the disturbance might nevertheless make it more difficult for the child to be adopted, and the result in continuously moving the child from one foster placement to another. In these cases, an adaption-approach on the part of the worker quickly replaces a treatment approach (Smith, *et al.*, 1962, p. 3) and the system becomes oriented toward maintenance rather than cure.

Adoption and Foster Care

Emotionally disturbed children, along with those who are older, handicapped, or of minority group parentage, constitute the category of "hard to place" children (Kadushin, 1971). With most potential adoptive or foster parents looking for healthy, white babies, the serious lack of these "ideal" children often creates frustration for all people involved.

According to Donley (personal communication, 1973) emotionally disturbed children are the easiest to place of the "hard to place" children. Since emotionally disturbed children are often younger and less atypical-looking than children in the other categories, they are often viewed by their new parents as possessing normal, but exaggerated behavior. These new parents often gloss over their child's abnormal behavior and frequently describe the child as being "all boy" or "a little spoiled," and easily and swiftly accept him into the family situation.

However, in some cases, these "exaggerated" behaviors become so disruptive, in the form of tantrums, profanity, stubbornness or total lack of interest or motivation, that the new parents begin to lower their expectations, and to perceive the child as abnormal and a troublemaker. When a placement deteriorates in this way, new placement must be sought.

At this point, since there are no predictive criteria for placement success, the process of finding adoptive homes or foster families for all types of hard to place children is predominantly a trial and error procedure. Workers do develop intuition based upon experience with combinations of situations in the past, yet there is no guarantee that what may appear to be a "perfect match" will not dissolve into a broken placement.

Protective Services

Occasionally, and with more frequency than is assumed, adopted, foster, and even biological children are abused, neglected, abandoned, or exploited. In fact, as many as 60,000 children a year are injured, hundreds of them fatally (*Washington Post*, March 28, 1973). Many of these cases are parental retaliation against children whose emotional disturbance can no longer be tolerated. Adults may also be abused, neglected, abandoned, or exploited. Many other cases are retaliation against relatively normal children by parents who are emotionally disturbed. In either case, protective services are made available to any person who is found to be in danger. Requests for protection may be made by a physician, registered nurse, social worker, school principal, lawyer, or policeman.

For children under seventeen, protective service may be sought if there is reasonable cause to believe that injuries have been intentionally inflicted by any person responsible for their care. If contact with parents proves futile, the social welfare system is then responsible for initiating action in an appropriate court to correct the situation causing the problem. At this point, the abused child comes under the jurisdiction of the court, but the entire case is supervised by the social welfare system.

The primary goals of the protective services are to ensure that individuals are protected from both physical and emotional harm and that parents or guardians are assisted, where possible, to function independently in providing care. In effect then, protective services are really a combination of protective and supportive services.

While, in general, the social welfare system has major responsibility for poor families, protective services are available to all members of the community. It is the legal responsibility of the social welfare worker to know the conditions under which each eligible child and family live, to identify dangerous conditions, and to provide services to protect, publicize, and correct clients and their living conditions. Protective services are required by law to be available twenty-four hours a day, seven days a week. Unfortunately, since the social welfare staff is so overburdened, and since potential cases are difficult or impossible to identify, it all too often takes a reported incident of abuse to initiate action, or even inquiry.

Protective service is based on the assumption that the community should act, entirely or in part, as guardians of children. However, the extent of services depends upon community attitudes, rather than the recognized need on the part of the family involved.

Whenever possible, services are focused on maintaining and strengthening the family as a home unit. Parents are helped to assume responsibility, or to understand and deal with existing problems. However, when these services fail to protect the individual, legal action becomes the sole remaining means of fulfilling the community's responsibility for protection. In order to initiate legal action, a "certified protector" must file a legal complaint. This is necessary if a person is to be removed from a home or foster home, or if a court decides to legally require parents to change specific conditions. The court and the complainant then file a petition for action. At this point, the petition is either dismissed, postponed, or accepted. If it is accepted, the person is made a temporary ward of the court and may be left in the home or removed from it; or, he may be made a permanent ward of the court, thus terminating parental or guardian rights.

Ideally, protective services are preventive and supportive services. If this goal is to be even partially achieved, community education and cooperation are essential. Education is a matter of information — of knowing what conditions necessitate organization — meshing the combined efforts of legal resources, the social welfare system, schools, employment services, health services, and volunteer service groups.

Aid to Families with Dependent Children

Still another method for emotionally disturbed children and adults to enter the social welfare system is under the provisions of the Aid to Families with Dependent Children (AFDC) program. Originally called Aid to Dependent Children, this federal grant-in-aid program (75 per cent of specialized services were sponsored by the federal government) covered relatives of dependent children. It should be noted that, as of now, a child removed from his home by court order and living in an approved foster home is eligible if the child was receiving or eligible for AFDC prior to being placed in such a home.

Since its inception in 1935, the dependent children program has aroused continuous controversy, and has remained synonomous with the term "welfare." The original intent of the founders of this program was that mothers with young children should not have to work in order to receive financial assistance to raise their children. The mother's place was seen as the home. However, the policy of exempting women and children from work was ambiguous, as was apparent in the administration of this program during the 1940's and 1950's (Piven and Cloward, 1971, p. 123). During this period, the possibility that able-bodied males might benefit from allowances to women and children aroused furor within a system seemingly more interested in keeping free-loaders off the rolls than in caring for those truly in need. Length of employment and degree of poverty did not seem to be important enough criteria to entitle the healthy, capable male to receive financial aid. The care and maintenance of the family of the unemployed father did not become part of a federally-funded program until 1961, when the government first began reimbursing states for aid given to families with unemployed parents (AFDC-UP). As with most federal legislation, AFDC-UP was transmitted as an option, rather than a requirement, and as late as 1969, 26 states had not yet decided to take advantage of federal money for this program. Even in the cases where the program existed, eligibility requirements were so severe (temporary, seasonal and irregular workers were excluded), that an extremely small percentage of those who needed help received it.

The institution of the AFDC-UP program led to further problems. Strict eligibility rules did not serve to keep "undeserving poor" fathers from benefitting from grants to women and children, a permanent or even temporary resident in her house. This situation often drove unemployed fathers away from their children, in spite of the fact that the system's rationale for many services was "to keep the family unit together." The predicament is exemplary of all welfare policies in demonstrating the importance of keeping the "underserving poor" off the rolls. Secondly, it shows the role played by the "work ethic" as it relates to the receipt of welfare, even in a time when there was no official policy supporting this view. Thirdly, it demonstrates that the current welfare system continues to be a patchwork system of "emergency" policies designed to solve problems as they arise or are created, rather than an intelligently constructed and implemented comprehensive service system for the needy.

This last point deserves further study. During the 1940's and the 1950's, domestic social welfare did not generally surface as a campaign issue or seem to merit governmental concern. However, this period is now seen as the environment in which current welfare conditions were slowly being created.

AFDC payments miraculously remained below payments to the aged, blind, and disabled (Piven and Cloward, 1971, p. 129). Recipient rates continued to be controlled by local administrators and related to local economic conditions. Thus, rates for AFDC families varied by as much as 800 per cent between localities (Maas, 1965, p. 194), from $8 person in Mississippi to just over $60/ person in New York. Rates for AFDC were always kept below minimum wages. But this concept of "less eligibility," (i.e., keeping welfare rates below minimum wage) while serving to condemn the poor, also increased the hostility of the full- and part-time working poor who did not have enough income to adequately support their families but who were still required to pay taxes. And finally, the welfare rolls were slowly, but continuously, growing with more and more cases of reentry into the system. Younger women were increasingly receiving AFDC payments, and the percentage of AFDC families in metropolitan areas began approaching 75 per cent, with 60 per cent of these living in substandard, deteriorating, or overcrowded housing (Maas, 1965, p. 199).

All this, in addition to Levinson's (1969) finding that the longer a family receives assistance, the more likely it will have children with serious problems, served to increase the work load of social welfare staff, made the successful delivery of their services more difficult, and caused the costs of social welfare programs to soar.

Provision of Services

Both federal guidelines and state commitments *require* the provision of services to enable an individual, family, or group to establish and obtain desired goals. Services are provided within the capacities of the agency and by the method requested, if possible. Services may take the form of information, referral, single, or various combinations of services. The majority of cases also require occasional follow-up services.

Three types of services must be assured to both child and adult clients by all agencies. These include:

1. acceptance, determination of eligibility, and follow-up for both initial referrals, and first-time personnel requests;
2. on-going, short-term service delivery; and
3. emergency or crisis requests requiring immediate action. (Services may be fulfilled either directly or indirectly. Direct services are provided to the client by a services specialist or any member of the social service staff. Several services specialists may be working with the client simultaneously, but all their activities are coordinated by the case manager. Indirect services are those not provided by the social service staff. These may include referral services obtained from an outside agency, by purchase, by volunteers, or by any combination of these resources. They may also include the purchase of services from governmental and private agencies which meet recognized professional standards or render services authorized by the State Department. However, purchased services are acquired only when appropriate services without cost cannot be provided).

For example, the Michigan Department of Social Services provides ten major services directly relating to children. These include:

1. *adoption;*
2. *alternate care for children* (foster, relative or group house or half-way house);
3. *comprehensive services for youth* (services for youth with emotional, behavioral, or retardation problems; alternative treatment and placement methods and on-going services for delinquents);
4. *day care services* (individual placement for less than a twenty-four hour period in a substitute home placement);
5. *education services* (compensation for lack of formal education and support for a child experiencing school difficulties);
6. *family planning services* (social, educational and medical service to help voluntarily limit family size);
7. *health services* (mental and physical health information and resources from specialized professionals);
8. *home and family management services* (services to strengthen the family as a unit including homemaker services, family functioning and counseling services, and social adjustment services);
9. *protective services — children* (services to correct conditions of neglect, abuse, and exploitation, including legal home removal if necessary);

10. *services to children with special needs* (information and specialized rehabilitative services for eligible handicapped individuals).

In addition, the Michigan Department of Social Services provides seven major services primarily relating to adults or relating equally to both adults and children. These include:

1. *alternate care for adults* (substitute home placement);
2. *emergency services* (temporary shelter, utilities, food, clothing, and money; and replacement of lost furniture, equipment, and supplies);
3. *employment services* (employment and training opportunities);
4. *housing services;*
5. *protective services — adults* (services to correct conditions of neglect, abuse, and exploitation because of age, handicap, physical or mental illness);
6. *transportation services;*
7. *volunteer services* (the use of volunteers to assist in the delivery of any of the other major services).

The seventeen major social welfare services are delivered by ten types of service specialists:

1. intake;
2. employment;
3. family and youth self-support;
4. family and youth self-care;
5. family and youth community-based care;
6. family and youth institutional care;
7. adult self-support;
8. adult self-care;
9. adult community-based care;
10. adult institutional care.

Since the major purpose of providing services is to alleviate as many problems as possible, clients are entitled to a fair hearing procedure, at which time both applicants and recipients may appeal denial of, exclusion from or requirement to accept a service program. Financial assistance clients are likewise entitled to fair hearings. It is the legal responsibility of the Department staff to inform clients that a fair hearings procedure exists. And according to Title VI of the Civil Rights Act of 1964,

> No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Application information is confidential.

A client receives services coordinated by a case manager until the client has reached the desired and optimal goal condition and no longer has need for services, until the client has reached his optimal level of improvement by exhausting all services, or until the client no longer desires services. If the client requires or desires services following previous termination and is still eligible, a new service plan is developed following another interview with the services intake staff.

III. ORGANIZATION OF THE SYSTEM

The public social welfare system consists of organizations at five levels: federal, regional, state, state regional, and county or local. Charts depicting the typical structures of units at each level are included in the Appendix.

Federal Level: Health, Education, and Welfare

The administration of the social welfare delivery system is handled at the national level by the Department of Health, Education and Welfare. This department, headquartered in Washington, D. C., was established on April 11, 1953, as a result of President Eisenhower's efforts to improve the administration of government agencies responsible for the general welfare in the areas of health, education, and social security. As a result of this action, the Federal Security Agency, which had been established in 1939 to administer the major programs of health, education, and economic security, was changed to departmental status.

The Secretary of the Department of HEW serves as its highest executive. He reports directly to the President and is responsible for the supervision and direction of the Department. The Undersecretary serves as the Department's general manager. The executives of each of the eight sections of HEW (legislation, planning and evaluation, health, community and field services, administration and management, public affairs, general counsel, and comptroller) are Assistant Secretaries.

The policies of the department of HEW originate within the Office of the Secretary, the Office of Civil Rights, the Office of Child Development and four other major units. These include the Social and Rehabilitation Service, the Social Security Administration, the Office of Education, and the Public Health Service, which includes the Health Services and Mental Health Administration, the National Institutes of Health and the Food and Drug Administration. Several of these units offer "welfare" services to children.

The Office of Child Development was created in July, 1969, to serve as a federal-level advocate for all children and to assume the responsibility for bringing the needs of all children to the attention of both the government and the public. It is located within the Office of the Secretary of HEW. The two major divisions of the Office of Child Development are the Children's Bureau, established in 1912 to investigate and report on all phases of child welfare, and the Bureau of Head Start and Children's Services Programs, created in 1965 by the Office of Economic Opportunity for disadvantaged preschool children and their families.

The Social and Rehabilitation Service was created on August 15, 1967, as a result of a merger between the Welfare Administration, the Vocational Rehabilitation Administration, the Administration on Aging, and the Mental Retardation Division of the Public Health Service. Its purpose is to provide technical, consultive and financial support. Recipients of this support include individuals, organizations, communities, and states — any unit in need of the services provided by federal programs concerned with rehabilitation, income maintenance, medical aid, family and child welfare, or any other services for children, the aged, families in need, or the disabled.

The Social and Rehabilitation Services is comprised of seven major component agencies. Several of these provide relevant services to children.

1. The Assistance Payments Administration supervises the income maintenance portion of the federal grants to states under the Social Security Act's public assistance titles. These programs include financial assistance for Aid to Families with Dependent Children, Aid to the Blind, Aid to the Disabled, Old Age Assistance, Emergency Assistance, and assistance

for refugees and repatriated Americans. The Assistance Payments Administration is also responsible for the determination of eligibility for Medicaid.

2. The Community Services Administration is responsible for the promotion and development of support, self-care, and independence-achieving services for children, families, aged and disabled adults at the community level.

3. The Medical Services Administration provides technical assistance, develops standards, and furnishes grants-in-aid to states for the federal-state medical assistance program, known as Medicaid. This program reimburses health care services for public assistance recipients. Reimbursable services include hospital, laboratory, X-ray and doctor's services, nursing home care, and child-health screening and treatment. Other services which may be reimbursable, at state option, include dental care and prescribed drugs.

4. The Rehabilitation Services Administration (RSA) is responsible for rehabilitation programs for handicapped children and for the construction, expansion, and improvement of new and existing state-level vocational rehabilitation facilities and programs. As the primary advocate for disabled and handicapped children and adults, the RSA works to increase their levels of employment, independence, and self-care.

5. The Youth Department and Delinquency Prevention Administration (YDDPA) maintains a program of grants designed to aid states and communities in the prevention, diagnosis, treatment, and rehabilitation of youth who are delinquent or in danger of becoming delinquent.

The Social Security Administration (SSA) was established on July 16, 1946, and its predecessor, the Social Security Board, was abolished. The SSA administers the federal old age, survivors, and disability insurance programs. These national contributory programs provide monthly benefits to qualified workers, self-employed persons, their survivors and dependents, and disabled individuals. A portion of each worker's contributions become a part of a separate hospital insurance trust fund which helps pay hospital bills for workers aged 65 and over and their dependents. Workers opting to pay half of a supplemental medical insurance premium (the government pays the other half) receive help with doctor bills and other hospital expenses. Together these last two programs comprise "Medicare," which was established by the 1965 Social Security Amendments.

Regional Level

The Department of HEW maintains contact with state and local authorities, with other federal agencies and field offices, and with other official and unofficial organizations, through ten regional offices. These are located in Boston, New York, Philadelphia, Chicago, Atlanta, Kansas City, Dallas, Denver, San Francisco, and Seattle.

Each of these ten regional HEW offices is under the supervision of a Regional Director. The directors have the responsibility for representing federal policies to state, local and institutional officials in their regions. Each regional office of HEW contains a Social and Rehabilitation Service staff. The Social Security Administration also has ten regional offices, but these are not identical with the the HEW regional offices.

State Level

Programs. Income maintenance and child welfare programs [OA, AB, AD, AFDC (except no AD in Nevada)] are administered at the state level in a variety of ways. In order for state income maintenance plans to gain federal approval, they must fulfill a specific set of requirements. These requirements include state-wide operation, state financial participation, efficient administrative procedures, standards for information disclosure restrictions, immediate application opportunities, the prohibition of concurrent receipt of assistance by any individual from more than one program, and the designation of a single state agency to administer the plan or to supervise its administration by local agencies operating under mandatory state rules, regulations and standards.

In most states, both the income maintenance programs and the child welfare programs are administered by the same agency. The particular agency may be different for each state. Most often, it is the State Department of Public Welfare or the State Department of Social Services. However, it may also be the Department of Pensions and Securities (Alabama), the State Department of Health and Social Services (Wisconsin), the Department of Health and Rehabilitation Services (Florida), the Department of Social Services and Housing (Hawaii), the State Department of Welfare and Institutions (Virginia), the State Department of Institutes and Agencies (New Jersey), the State Division of Family Services (Utah), or the Department of Employment and Social Services (Maryland).

In some states, income maintenance and child welfare programs are administered by different agencies. For example, in Illinois, the Department of Public Aid administers income maintenance while the Department of Children and Family Services handles child welfare programs. Likewise, in Iowa, the Department of Family and Children's Services is separate from the Department of Social Services. In Kentucky, the Bureau of Public Assistance, within the State Department of Economic Security, is separate from the Department of Child Welfare. New Hampshire's Division of Welfare, Department of Health and Welfare, administers income maintenance while child welfare services are state administered and locally funded. New Jersey has a separate Bureau of Children's Services and North Dakota separates its Payments Administration from its Services Administration.

Administration responsibility for both income maintenance and child welfare services also varies. Although most state systems have adopted a county pattern of organization, the designated agency at the state level represents the smallest unit of administration in Hawaii, Oklahoma, and Texas. Florida, Idaho, Massachusetts, Michigan, Rhode Island, South Dakota and Utah have adopted regional systems. Connecticut, New Hampshire, Oregon, and Vermont maintain district systems and West Virginia has established an area system. Regions, districts, and areas are, for all practical purposes, geographical equals. Locally administered systems exist in Colorado, Louisiana, Maryland, North Carolina, and Washington.

Still another category of welfare important to child care is general assistance (GA), a euphemism for modern poor relief for those not eligible under categorical aid programs. It consists of food stamps, clothing, fuel, money, and medical aid (Medicaid). As with income maintenance, there are a variety of administrative systems for general assistance. In most states, GA is administered by the same agency designated responsible for income maintenance. Many states administer GA on the county level alone (California, Idaho, Kansas, Nebraska, Nevada, North Carolina, Ohio, and South Dakota). Iowa still employs county overseers of the poor for this purpose only. Some states administer GA on both county and local levels (Florida, Illinois, New Hampshire, and Wisconsin). In some states, GA is administered by fiscal courts (Kentucky and Tennessee). Texas has county commissioner's courts. Indiana, Maryland, Michigan, Montana and New Jersey administer GA only on the local level. Each does its own planning, scheduling, determining, and reporting to facilitate internal coordination. The coordination of the social services department and the income maintenance department, both so vital to the efficient delivery of services and money to clients, is the responsibility of the central administration department.

Personnel. At the state level, the deputy directors of both social services and income maintenance have the final responsibility for the policy planning and development for their programs at all other levels. Policy planning activities for services are carried out through the Bureau of Community Social Services, while operational responsibilities are carried out through the network of regional offices. Likewise, planning and policy for income maintenance are handled through a bureau director and operations through the regional offices.

The assistant deputy directors for both services and AP coordinate the policy bureau's activities with all other systems and units and work closely with the regional directors in managing program operations.

The social services division directors supervise and coordinate the programs within their division. These divisions are Employment Services; Family, Children and Youth Services; Adult Services; and Resource Development Services (purchased services). It is the responsibility of division directors that appropriate training needs are met.

Social services program supervisors are responsible for coordinating, planning, and evaluating all functions pertaining to the unit of specific services under their supervision. Program supervisors also prepare and submit legislative proposals.

Program specialists are responsible for the special group of services within their service unit. They are also responsible for identifying any training needs that may arise.

Program technicians are responsible for providing technical assistance to their assigned services or management unit.

Supportive personnel are responsible for typist-clerk activities within their assigned service or management unit.

Functions of the state: Regional office. The regional office coordinates, interprets, and manages the operations of the county and local offices under its jurisdiction. It also provides a valuable communications link between program operations and executive coordination. At the regional level, the director is responsible for both income maintenance and services, the divisions being coordinated separately by the assistant regional directors. Program supervisors coordinate delivery activities in the form of specific groups of services analogous to the needs of particular client groups (protective services, food stamps, etc.). The autonomy of these groups depends upon the size of the regions, with only the larger regions supporting separate divisions for each of the groups of particular client needs. The extent to which groups of services are combined in smaller regions depends upon the size of the service worker staff. Program technicians and supportive personnel at this level provide technical assistance and clerk-typist skills.

County and Local Levels

In many states, although both county and local offices serve as the contact point between the administrative social welfare system and the client population, the majority of contact occurs at the local level. Both county agencies and local operations follow a "management by objectives" principle: each expected result is geared to meet a set of objectives.

At the county and local levels, the deputy directors or division supervisors serve as the administrators, coordinators, monitors, and negotiators for the three divisions of income maintenance, administrative management, and community social services. All three divisions are coordinated by the county or local director who is the top administrative executive at these levels.

Income maintenance is divided into intake and outgoing. The intake staff is responsible for receiving, determining the eligibility of, and enrolling applicants in the appropriate income maintenance program to fulfill their needs. The outgoing staff provides maintenance services for all active income maintenance cases on the basis of their certification status. All income maintenance staff are responsible for referring income maintenance applicants to social services if and when service needs are identified.

The centralized administrative staff is responsible for all administrative functions in support of, but directly involved with, client services and case management activities. These functions include planning, evaluation, field research, and development activities.

Intake and group unit supervisors are responsible for the initial, on-going, and follow-up procedures expected on the staff associated with the activity or group program under their jurisdiction. The service worker staff of intakers, reception-channelers, case-managers, service-providers, and resource-mobilizers provide the actual client contact services for the social welfare delivery system. The systems technicians, account clerks, typists, and general clerks serve as support personnel.

IV. PATTERNS OF INTERACTION

Separation and Goal Orientation

Recent reorganizational trends in social welfare have consisted of two distinct but closely related changes in policy. The first of these is a gradual separation of services programs and income maintenance (also known as public assistance or assistance payments) programs. The second trend is a concerted effort to develop strategies for achieving specific and clearly defined goals for each services program without overspending a clearly defined and limited budget.

Several states, including Hawaii, Illinois, Indiana, Kansas, Michigan, Nebraska, Nevada, New York, North Carolina, Ohio, Oregon, South Dakota, Tennessee, Virginia, and Washington have begun the separation-goal-orientation process and are in various stages of implementation. Since Michigan is representative of those states moving vigorously toward the completion of this process, the current Michigan system will be described in more detail.

Client flow. The Michigan Department of Social Services began its movement toward separation and goal orientation at the county level in July, 1971. Under the newly implemented concept of goal orientation, reliable measurement of the benefits derived from the costs of any service program is essential. Should this measurement prove difficult, the major argument for organizational separation is lost. Of course, as Bernard, *et al.* (1970) have noted, there is no empirical evidence to suggest that a system which separates income maintenance from service programs is any better than a system which does not. Yet, when a system has come to be regarded as generally uncoordinated, frequently inaccessible, and often barely visible, almost any change is seen as a positive one.

Within the framework of system separation, three phases in the process of aiding the client have been developed. First of all, a realistic assessment of the client's condition at his point of entry into the system is vital. Secondly, proper recognition of client needs and proper selection of individually designed goals (with the aid of the client) allow for a realistic identification of possible barriers to the ultimate achievement of those goals. Thirdly, accurate knowledge of future barriers allows for the more realistic identification and organization of specific services.

These three phases (assessment, choice, and implementation) constitute Michigan's client flow model. This specific model includes the initial client contact (reception and channeling), the client assessment (services intake) and the development of a service plan resulting in actual service delivery (case management/service delivery/resource mobilization).

The first contact with a potential AFDC or other services applicant occurs when that person either appears at or phones the Department of Social Services office. The purpose of the reception and channeling procedure, which takes place at this time, is to determine why contact was made and to give immediate response and direction. This last step requires the appropriate staff personnel to provide the necessary application forms and to direct the applicant to the appropriate intake unit. At this time, the applicant is given both brochures and explanations of available financial and social services. The applicant is then asked to indicate the services he desires, the names, birthdates and welfare histories of all family members, and his annual gross income. Applicants are interviewed, in the order in which they arrive, by the services intake worker.

Once in the presence of the services intake worker (SIW), the client is given opportunity and support in expressing his needs. The staff is primarily guided by and respectful of the client's decision regarding the absence or presence of service needed. The SIW is then required to make a careful assessment of the client's needs, determine eligibility, and direct the client to the financial assistance or social services department or to community resources. It is also the responsibility of the SIW to help the client be aware of, have access to, and use and profit from any services provided by the Department or services available within the community. All persons are entitled to receive information and referral services regardless of their eligibility status. If the client is referred to social services, the SIW must summarize his needs as one of the following:

1. employment services;
2. family and youth services (nonemployment related);
3. adult services.

The SIW and the client must be in agreement regarding the client's service needs, and the SIW is expected to make disposition on a service request within one working day from the time of its receipt.

At this point, it is the responsibility of the SIW to determine the client's eligibility. Overall eligibility depends upon the client's level of needs, his financial status, and his social service classification. The client may be classified as either a former, current, or potential applicant or recipient. In Michigan, and in many other states:

1. Any person or family who is currently receiving, has received within two years, or who has filed for a grant for Aid to Dependent Children (ADC), Aid to the Blind (AB), Aid to the Disabled (AD), or Old Age Assistance (OAA) with the Department is eligible for social services;

2. Any person or family who has previously applied for ADC, AB, AD, or OAA is eligible for counseling and casework services;

3. Families and children who are eligible for Medical Assistance (MA) as a categorical or medically needy person, or families and children viewed as potential applicants or recipients of ADC, who are also in need of foster care services, are eligible for foster care services, employment services, and protective services;

4. Families and children who are likely to become eligible for ADC within the next five years (as evidenced by social, economic, or health conditions) and who have a current annual gross family income as indicated by the following scale, are eligible for all services except foster care services.

   Family of 1 — $3600 or less
   2 — $5000 or less
   3 — $6500 or less
   4 — $7500 or less
   5 or more — $8500 or less

5. If the familes and children of No. 4 above have also received a judicial determination of parental neglect or of juvenile delinquency, they are eligible for employment-related services, services for prevention or reduction of births out-of-wedlock, services to meet particular needs, and comprehensive social and rehabilitation services for children and youth.

6. Any aged, blind, or disabled adult who is not receiving a money grant but who is eligible for MA as medically needy are also eligible for social services as a potential applicant or recipient of AB, AD, or OAA.

7. Any person who is over sixty years of age, or who is older than thirteen and has a physical, mental or progressive eye condition that is likely to reduce his earning capacity to the point where he is eligible for financial assistance, and who has an annual gross income of $3600 if single or $5000 if married, is viewed as a person who is likely to become a recipient of financial assistance within five years and is eligible for social services as potential applicants or recipients of AB, AD, or OAA.

8. Any family or child living in a model cities neighborhood or a low-income public housing project, or who is a member of an independent migrant group, is viewed as a family likely to suffer family breakdown within the next five years and become eligible for ADC, and is eligible for day care services.

9. Any adult, family, or child who requests them is eligible for all information and referral services. Referrals may be made to a community agency, to a financial assistance unit, to a service unit, or to any combination of these.

Once the eligibility of the client has been determined, he becomes the responsibility of a case manager (CM). The CM has the responsibility for coordinating all services rendered to a particular receiver unit (family, adult, or child) to enable that unit to achieve optimum levels in any or all of the four general goal areas of self-support, self-care, community-based care, and institutional care.

Receiver units are categorized as families (including any children who may require special services), adults without children, and children (within or without families) in need of protective services.

The client and his case manager review the client's situation, identify his barriers, and jointly select the level of functioning to be attained within the chosen goal areas. Throughout this collective procedure of systematic analysis and planning to overcome client problems, known as "service planning," maximum client cooperation is sought, since the rendering of services is for the purpose of enhancing client functioning. Some services, such as protective activities, may, however, be mandatory.

Once the status and capability of the eligible client is known, the CM and client determine which services will be most beneficial. The CM then attempts to locate and facilitate the delivery of those services.

The operational definitions found at the core of the client-flow model also constitute the basis for organization, staffing, office work flow, and information systems formulation within the social welfare delivery system.

Program Administration

The Michigan Department of Social Services administers all income maintenance, medical assistance, and child welfare programs. Overall responsibility for all programs rests with the central administration at the state level. Here, decisions are made concerning policy, procedure development, evaluation, and control. The second level of program responsibility rests with the regional welfare offices. Regional offices interpret policy and procedures, and coordinate and supervise the activities of the counties in their region. County and, where they exist, local offices are responsible for the carrying out of program policy and procedure by providing services for eligible recipients.

Five basic personnel categories exist at each of these levels of the welfare system. These categories, with their appropriate functional responsibility, are the same at each level. They include executive direction, administrative, supervisory, worker specialist, and supportive personnel.

State, regional, and county offices each contain three separate departments. These are social services, income maintenance, and central administration. Social services and income maintenance form the cornerstones of the social welfare delivery system, despite the fact that they are the two most decentralized departments.

V. INFORMATION SYSTEMS AND INFORMATION FLOW

In Michigan, and with slight variations in many other states, there are five basic social welfare delivery information systems. These include a client information system, a social service information system, a county management information system, a social service survey system, and a cost allocation and reporting system.

The Client Information System (CIS) constitutes the master file of service clients containing identification, eligibility, and case management information for the department's basic programs. Individual and collective current inventory information on open service cases is stored, as is service delivery data. A closed case listing, with reason for and date of termination, is also stored. CIS data include recipient name, birthdate, sex, race, address, eligibility requirement data, worker number, county or district of responsible worker, and service program information. Documents and forms used for individual cases include those for service intake, eligibility determination, case detail and analysis, income maintenance detail, all case transactions, case closing, and case status. Summary data on the county or district, unit, and worker levels are recorded monthly, and sometimes weekly, on similar forms. In most states, the CIS is still a manual operation.

The Social Service Information System (SSIS) is not yet a reality. Eventually, it will collect and compile data on worker time by activity, services, goal, barriers, and client type. This data will be used to evaluate effectiveness, develop work standards, and to support future financial allocations. Documents and forms used for service activity reports will include information on the number of clients served and service units delivered within each distinguishable client group. Service effectiveness reports for barrier removal and goal attainment by barrier, by service category, by method, by county, and by individual case, and the reason for non-removal of barriers and non-attainment of goals will also be compiled. Data pertaining to goals, barriers, services delivered, and service effectiveness will be gathered at the local level and compiled monthly from closed cases only, to avoid the maintenance of an impossibly large master file. In most states, the SSIS is a manual operation.

The County Management Information System (CMIS) constitutes a management information reporting system for activities concerned with intake (reception and channeling) and resource mobilization, the two areas of county and local operations not covered by SSIS. The data transmitted by CMIS consist of a measure of time per specific activity. Documents and forms used include activity reports on the destination of channeled clients by client type, by service worker, by day, by week; and on the time spent on non-particular, client-related activities by service worker, by pay period. In most states, the CMIS is still a manual operation.

The Social Services Survey System (SSSS) is a worker time-distribution information-sampling system, which serves to provide data to the state office for cost allocation, staff determination, and the development of work standards. Worker time-distributions by concept (goals, barriers, activities, services) and by worker are collected from randomly selected workers of each job type, at random intervals during the day and year. Documents and forms used include a social services survey which categorizes program and function, and measures and categorizes work tasks, and work time-distribution reports by goals, barriers, services, activity and client types.

The survey is usually conducted for a period of twenty work days during each quarter by the state office, utilizing local agency clerks as data coordinators. The SSSS may be applied to non-department service providers who do not comply with department information requirements.

The Cost Allocation and Reporting System (CARS) is a program-activity data gathering system which provides clear identification, with information from SSIS and SSSS, of the costs which must be allocated to activities and supplies, and to goals, barriers, and services delivered by the social welfare delivery system as a whole. Documents and forms used include vouchers, expense accounts, salary schedules and ratios, program payment summaries, and ledger summaries. Cost allocation reports are usually completed quarterly, but in some cases semi-anually.

Hopefully, it is clear from the above that the deceptively simple separation of income maintenance programs from social services necessitates a complete systems reorganization. Many problems still need solutions including: providing qualified personnel, through hiring and skill-retraining programs for two distinct systems; identifying adequate funding sources, to support both increases in administrative staff and welfare recipients), including designing new budgeting and allocation programs to maximize federal matching; and developing smoothly running and compatible interactive support systems.

As noted by Handler (1972, p. 71), the welfare system is an exceedingly massive and complex bureaucracy with little or no interdepartmental and interoffice communication. Yet it may be quite difficult to prevent the separation of a single such system, into two distinct bureaucracies from producing an even more massive, complex paper-choked, ill-formed monstrosity.

VI. POWER AND POLITICAL STRUCTURES

Power Structure

There are three levels of responsibility and political power in the social welfare system. These correspond to the county, the state, and the community. Although Washington (through HEW) pays most of the costs of welfare, the responsibility for welfare programs rests with the states.

This is not as surprising as it first appears. The move toward revenue sharing is a direct result of a chosen administrative policy in this direction. It should also be remembered that welfare was originally created as a state system. During the Depression, federal money was used to aid, not to replace, the existing system.

As noted by Handler (1971), Congress has not tried to reverse that original power structure for the simple reason that it is politically unwise to do so. Lesser changes in the power structure have taken place, however. The original system was one of state-run programs, backed by federal grants-in-aid and a Congress whose typical political response (unless forced by public pressure to make a symbolic gesture) was to shun the highly controversial welfare issues of race, sex family, taxes and income maintenance. From the point of view of political longevity, it remains much wiser not to take a stand on issues of basic human conflict and to let these arguments rage on the local level. These issues include the moral reform of the poor, in particular, and the control of deviant behavior, in general.

The existence of local control is feasible on still other grounds. Although welfare and other policies are enacted first by the state legislatures, their activities embody, for the most part, the least controversial solutions to social problems brought to their attention by the groups or individuals affected by that problem. The shifting of the responsibility for precise solutions to the local level is frequently based upon the position that moral conflicts and their resolutions vary widely over relatively small geographical areas. Therefore, who would know better than people on the local level, familiar with community standards, what would be the most acceptable solution to community problems?

The fact of the matter is that state and local control of welfare has been almost untouched by federal regulations. Following the New Deal, welfare, in effect, disappeared from national politics. Truman, Eisenhower, Kennedy and Johnson concentrated primarily on foreign policy; even the War on Poverty and the Great Society almost totally ignored public assistance.

Actually, the federal level, represented by HEW, is powerless without strong executive support. In order to gain power, HEW could selectively allocate or withhold federal funds, but that might only cause the ultimate recipient greater suffering. Yet without executive support, strong HEW sanctions might compel a state to refuse federal grants-in-aid and run its own program. Thus, HEW is presently forced to rely entirely upon the tactic of persuasion or to offer states the alternative of accepting or rejecting options.

Dawson and Robinson (1963, p. 57) note that

> Within the broad provisions of the federal regulations, the states determine the amount of aid to be allocated each recipient, the requirements of eligibility, and how the programs are administered. The states also decide to what extent the programs will be financed and administered by the local governments.

The result is that states have enormous discretion on all important welfare issues, including both determining the standard of need and the payment benefit levels.

An important point, however, which must not be ignored, is that blocks of adjacent states have a tendency to follow particular patterns of political and policy activity Sharkansky argues that "shared historical experiences and the regional orientation of state and local authorities" can account in large measure for policy differences between New England, the Midwest, the Rockies or the South. The presence of regional effects plays an important role in the determination of state welfare policy. For example, although welfare programs are decentralized in both the Northeast and South, racial prejudices have created marked differences between the welfare systems in those two regions (Bell, 1965).

Welfare policy at the federal level, however, is generally, not directly affected by regionalism. The structure and dynamics of the massive welfare bureaucracy at this level are described by Handler (1971):

> At the top is a Congress, angry and frustrated, but avoiding decisions or making compromises. The bureaucracy that is administrating the federal program has little or no idea what the states are doing and lacks the will either to find out or to control the state bureaucracies. HEW, in most situations, reflects the views of the state agencies, and they, in turn, wield enormous power in the administration of welfare . . . "Until regulations are issued, no one moves. Regulations are issued on the national level and then the state level, but only after hearings. The regulations must be transmitted, and then they are not only vague and optional but they delegate discretion. In the final analysis, it is the discretionary decisions of the local officials on the lower level that will be determinative (p. 71).

The Role of the Social Worker

On the local level where services are actually received, the social worker is a central figure. The social worker has the right of inquiry concerning clients' financial, physical, and emotional affairs. In fact, as noted by Steiner (1966, p. 176):

> no categorical assistance case involveing federal money is disposed of without the participation of a person called a social worker.

The pivotal role of the social worker, while impossible to replace in the social welfare system, is equally impossible to define. This complex role is certainly more than Mary Richmond's "art of doing different things for different people (1917, p. 374). Yet the essence of clear description is nearly impossible to capture.

Methods. The official curriculum policy statement issued in 1962 by the Council on Social Work Education listed casework, group work, and community organization as social work's primary methods or intervention techniques. Research and administration are considered to be "enabling" methods.

As noted by Smith and Zietz (1970) the origin of casework was in family social work. Since the client who arrives at an "agency" is obviously a "help seeker," case workers may be regarded as individual helpers, individuals concerned with the manipulation of a problem for the purpose of finding a solution.

Four distinct approaches to social casework have been identified. The functional approach views the client as the logical source of potential change. He is seen as an active, volitional, growing change agent (as opposed to a container of dark Freudian forces, the view of the earlier diagnostic school of social work). The functional caseworker is a helper rather than a treater, and the process of casework is seen as the administration of particular social services accompanied by psychological understanding. The purpose of functional casework is to release personal power for personal fulfillment and social good. This release of power will, in turn, create the kind of society, social policy, and social institutions which lead to ultimate self-realization and dignity for all individuals. The quality of the relationship between man and society is viewed as the fundamental target-area for improvement.

The problem-solving approach to social casework, like the functional approach, originated as an off-shoot of psychodynamic theory. The problem-solving approach includes elements of ego psychology, existentialism, and learning theory. The basic assumption of this approach is that life consists of problem solving and that clients need help in reconstructing or repairing their impaired problem-solving ability. Help is given by supplying added motivation, capacity, and opportunity. Diagnosis consists of determining what problems exist. Treatment assumes a change from problem-victim to problem-solver. This is accomplished by providing the client with direction, practice in coping, and opportunity in the form of resources. The primary goal is the existential process of becoming— in this case, "becoming" problemless. Becoming a different person, that is causing the evolution of the personality, is only a secondary goal. According to Pearlman (1957, p. 58), the interest of the casework process here is "to engage the person himself in working on and in coping with the one or several problems that confront him and to do so by such means as may stand him in good stead as he goes forward in living."

The third basic approach is the psychosocial approach. Although both the psychosocial and the functional approach are primarily concerned with the client in relation to his situation, the former deals more directly with specific features of systems theory. Major importance is given to the roles played by the family and the client's personality system in the development of the client's situation. Treatment consists of changing unhealthy interactions within systems. Group interviews often play a major role in the diagnostic process.

The fourth approach consists of the techniques of behavior modification. Although it is impossible here to detail the methodologies used (see Bandura, 1965), three common concerns form the core of this approach. The first is the importance of observable responses. The second is the need to classify behavior. The third is the realization that individuals favor pleasant rather than unpleasant conditions. The first two concerns constitute the diagnosis; the third, the method of treatment. Observable responses considered to be deviant are catalogued and measured. Appropriate rewards are determined for each client. In an oversimplification, by using positive reinforcement (rewarding appropriate behavior), and "punishment" (of inappropriate behavior), deviant behavior become "extinct" while acceptable behaviors remain and are strengthened. Overall behavior is thus "modified" over a period of time. Skill in behavior modification on the part of the social worker consists of an ability to identify problem areas, elicit client cooperation, and formulate intervention plans which extinguish and strengthen only the selected behaviors.

"Group work" and "community organization" attempt to put into practice the interactive tenets of psychosocial and functional casework. Some observers (Klein, 1968, pp. 122-123) have criticized the attempt to distinguish these different types of activities. "The best way to describe the technique (social group work), despite the earnest efforts of its practitioners to give it coordinate status with case work, is to say that it actually does not exist." Yet within the social work profession, these latter two "methods," both originating in the area of physical education known as "recreation," are regarded as containing separate and identifiable professional content.

Training. Given the central role of social workers in the social welfare system, it is more or less a truism that the success of the system depends upon the competence of these workers. Competence consists of policy familiarity as well as social work performance, and is directly related to the quality of social work training.

Presumably, specialized training in both policy and social work skills will produce more competent workers. However, the current status of curriculum planning is such that agreement has not yet been reached "on what should constitute the core curriculum (Glick, 1971, p.15)." The only federal requirement for traineeship funds necessitates that the receiving school be accredited (84th Congress, Second Session, 1956, p. 225).

By far the most common social work education program is the two-year master's degree, the MSW. Steiner (1966, p. 188) contends that the structure of all accredited master's programs are virtually identical, offering classroom activity and agency placement on an approximately equal basis. Programs are either of the bloc (alternating time periods) or split-week variety, with the latter considered to be a better mix of theory and practice. There are, at this time, no set criteria for choosing potential placement agencies or screening potential student trainees. These decisions are usually based upon the judgement of the liaison professor between the school and any agency who will accept students.

There are however two major issues whose lack of solution speaks against the practice of agency placement. As noted by Clarice Freud (1973, personal communication), social work schools aren't very good at teaching strategies for getting into the system or accomplishing specific goals once inside. This problem, combined with the dilemma faced by the professional with his own values, when trying to live within the traditional and uncompromising agency values, often serves to short-cut goals and crush initiative by demanding conformity. In addition, schools of social work do not generally influence the system through agency placement. It is true that agencies enjoy the presitge of being affiliated with academia. However, system influence, when it does occur, is largely through the writings or public activities of professors, or through the few students in placement who succeed in offering suggestions without threatening pre-existing agency balance and individual security.

The typical social work field placement, described by Steiner (1966, p. 188) consists of some type of family service during the first year and some concentration on a field of practice during the second. Within each of the different areas, all students encounter the same classroom and field work experiences, save for the variation in field setting.

Hollis and Taylor (1951) point out a major deficiency in most social work training programs.

> In the areas of public assistance and child welfare, important fields of employment for social workers, there are major problems of policy which call for intensive study and clarification by teams of experts that should include social workers. Among them are such problems as the meaning of the large number and upward trend of assistance recipients in a period of high national income; the astonishing differences between recipient rates in different states, and even between states in similar economic circumstances; the determination of the appropriate level of the minimum family or individual budget; the potentialities and limits to the role of the institution of public assistance as an instrument for dealing with economic need; and the appropriate relationships between social insurance and public assistance. Most graduate schools of social work do very little to increase the capacity of students to cope with these truly basic social welfare issues (pp. 142-143).

In recent years, as noted by Glick (1971, pp. 8-10), innovations in undergraduate social work curriculum have initiated new trends in social work education in an effort to better prepare students for what they will encounter in agencies and graduate schools. These recent trends include: more reliance on current programs, policies and issues in the field; new courses on human growth, the environment, minorities, political science and economics; the presentation of social work as a profession and not simply a tool; and the increased use of audio-visual equipment and materials.

In effect, the current training of a Bachelor of Social Work places him somewhere between the Master of Social Work and the paraprofessional social worker. However, according to Glick (1971, pp. 90-92), the quality of work and service produced by the Bachelor of Social Work may quickly raise him to a position equal to a Master of Social Work.

Professional Organizations

Accompanying the increasing interest and growth in the social work profession has been the growth of the guild structure of professional organizations. This development can be traced back more than fifty years.

As noted by Steiner (1966, p. 199), the Intercollegiate Bureau of Operations of New York City established a department of social work in 1913. This department was replaced four years later by the National Social Workers Exchange, which became the American Association of Social Workers in 1921. Over the next three decades, separate professional guilds with highly specialized entry requirements were established for medical, school, and psychiatric social workers, group workers, community organizers, and researchers.

In an effort to gain increased professional status by merging the ever-increasing number of professional splinter organizations, the Temporary Inter-Association Council of Social Work Membership Organizations(TIAC)was created in 1950, in large measure at the request of the American Association of Schools of Social Work. Within five years, a single professional association, the National Association for Social Workers, was established.

By 1963, NASW had incorporated three purposes for its existence into its bylaws.

> 1. To promote activities appropriate to strengthening and unifying the professional as a whole,
> 2. To promote the sound and continuous development of the various areas of social work practice whereby the profession contributes to the meeting of particular aspects of human need . . . , and
> 3. To promote efforts in behalf of human well-being by methods of social action (NASW Bylaws, 1963, p. 5).

Entrance requirements at first stipulated that members possess a graduate degree, but in 1969, professional certification was established for individuals who met specified standards of professional experience and education. These included the completion of either a one year graduate program in social work or the receipt of a baccalaureate degree in social work.

Employment

Reichert (1970) notes that between 1959 and 1969, the number of schools of social work increased by twenty per cent (from 56 to 67) and the number of MSW's increased by almost 300 per cent (from 1,897 to 5,060 per year). It is noteworthy that even with this increase, as well as the large but unknown number of BSW's, present training facilities are hopelessly incapable of fulfilling the current market needs for workers. As many as 10,000 job vacancies existed as early as 1963, and by 1966 there were 4,600 jobs vacant in New York State alone (Adler and Trobe, 1968). With private welfare "siphoning off" the large majority of trained workers, the extent of job vacancies in the public social welfare system is greater than ever. The effects of this underemployment are increasing. The newly graduated social worker who immediately becomes the "low man" within the local system, is kept occupied by "busy-work" during an "initiation" period. Since there is a certain amount of necessary busywork, staff personnel with more status (more time on the job) usually manage to funnel the large majority of this work to the neophyte. Underemployment serves to extend this "initiation" period. The existence of simply too many people to be handled and too many problems to be solved keeps the social worker tremendously overburdened. To lessen the frustration of an ever-increasing work load, the social worker caseworker, when he is working, invariably speeds up each of his required duties. The result is not only a rapid deterioration in the performance of professional activities, but a tremendous increase in the number of honest mistakes. This, in turn, leads to much publicized cases of welfare fraud (ineligible "loafers" receiving aid) or the less publicized, somewhat less frequent cases of underpayment. In addition, the overworked caseworker's attitude toward the poor tends to become less than hospitable. The realization that there would be less work if there were fewer cases sometimes results in an indiscriminately negative, and often hostile, reaction to welfare recipients in general.

The overall picture of this particular contamination of circumstances is portrayed in the literature by Hamilton (1959, p. 2),

> The worker is prevented from carrying out his appropriate functions. Hampered with routine eligibility determination, snowed under with procedures and papers which could be done by experienced clerks who should not need to earn a master's degree for efficient performance, bedeviled by such antiquities as . shockingly low levels of assistance, workers stagger along, often delivering a quality of service to clients and community that is all but incredible.

Out of necessity then, the paradoxical need for untrained workers, as Hamilton suggests, is accepted by the social welfare system as one solution to its manpower problems.

The division of services and income maintenance into two separately adminstered programs increases the "drawing power" of the services programs. Trained social workers, when they exist, are going to jobs where they can use, although at high speed and inadequate depth, at least a small degree of their professional training. This condition exists because income maintenance has now become almost entirely a paperwork operation employing clerk arithmeticians. Workers who will accept the lower pay of an income maintenance job usually have neither the training nor the time to understand the underlying problems which create their client population. The status differential between these two systems is further increased by the fact that employment in income maintenance is an effective barrier to advancement in the social work profession, and it is only the rare individual who succeeds in making the transition.

Status. Status among the professionals within the social welfare system is associated with proximity to certain types of clients. The more time a worker spends on paper work, the lower his status. Therefore, the highest status within the social welfare system is held by the traveling child welfare worker, followed by the adult worker, the medicare worker and the income maintenance worker.

This status hierarchy is reinforced by the application requirements which must be met for each particular job. In Michigan and in most other states, all applicants must take and pass a civil service examination of general knowledge. Jobs are awarded according to a merit system associated with examination results. However, service workers are also required to have a baccalaureate degree, while income maintenance workers need have completed only two years of college.

In other words, as noted by Steiner (1966, p. 191)

> it is still possible to become a social worker overnight, to be employed by an agency dispensing money or non-material services to people seeking help without satisfying any standard technical requirements or demonstrating a minimum level of technical skill. The designation is not technician or clerk; it is social worker.

With this and other problems in mind, Wickwar (1946) suggests that there is a "need for a lot of thinking by some other people besides social workers on the proper role of the social worker in the social services (p. 567)."

Within interdisciplinary welfare agency hierarchies psychiatrists and doctors are usually placed at the top of the status hierarchy, followed by psychologists and consultants, psychiatric social workers and nurses, and finally, social workers (certified or not). One reason for this, according to Clarice Freud, a Professor of Social Work at the University of Michigan, is that most clients of the social workers have very low status within the community (personal communication, 1973).

It is clear that a paradox exists concerning employment in the social welfare system. By 1975 the projected population in this country will approach 226 million. A larger proportion of this total than ever before will be children and older people, the two largest suppliers of clients for the social welfare system (Smith and Zietz, 1970). Katzell, *et al.* (1970, p. 21) forsee a need for 600,000 to 900,000 trained workers by 1980. Yet, at the present time, in spite of a large number of vacancies, jobs for recent social work graduates are very difficult to find within public welfare. Applicants with advanced training demand a higher salary than a social welfare system, usually operating on a "shoestring," can afford to pay.

According to Katzell *et al.* (1970), one of the major methods of filling social welfare positions is to reduce the entry requirements (p. 13). The basic philosophy here appears to be that it is better to let the work be done by anyone who will accept the low pay and can pass an easy test, than to let the work accumulate.

Thus, the question of professionalism arises; exactly what independent body of knowledge clearly distinguishes the trained practitioner from her untrained but employed co-title-holder? Certainly many volumes have been written which attempt to delineate social work theory. The Hollis-Taylor Report (1951) focused on several important issues within this area.

> Few would deny, social workers least of all, that the public at large has little conception of what casework is or has to offer. Most disturbing is the difficulty that case workers themselves have in explaining precisely what it is they do, what results they can reasonably expect to achieve, or what criteria they apply in testing professional competence and in distinguishing between the functions of specializations(pp. 145-146).

Assertions of professionalism are never in short supply. There is endless reference to theory and method. But the fact remains that despite the existence of time-consuming and expensive certification requirements for graduates, no effective requirements exist in the field to bar people who are not social workers from behaving as if they were, and being employed as such.

Turnover. Within this environment of poor wages, continuous reorganization, and frequent cut-backs of funds, job turnover is also a major problem. Although Ehrle (1969) suggests that the optimal rate of turnover is somewhat greater than zero, Jones, *et al.* (1965) note that optimal standards within the social welfare system are not known. Nevertheless, the results of studies of turnover rates within the social welfare system invariably refer to the rate as high or excessive. That is, the per cent of turnover varies from a low of 17 per cent per year (Tolan, 1960) for all employees of the Child Welfare League of America, the Family Service Association of America, and the Children's Bureau (n-9, 434) to a high of 50 per cent per year (Cohen, 1966) for case workers in a large public assistance office in Los Angeles. A review of literature on employee turnover rate produced the following typical findings. In 1965, Jones surveyed the direct service personnel of Alameda County, California, and reported a turnover rate of 30 per cent per year for five years. Of additional interest are the results of Wasserman's 1970 study of newly-graduated social workers employed as child care workers. In this case, the turnover rate was 75 per cent after two years.

Various studies suggest several possible explanations for this high figure. These include disillusionment and unmet idealistic expectations (Shey, 1970), nebulous agency goals (Greene, *et al.*, 1967), and expectations of turnover from the outset (Barker, 1971). Perhaps the key factor, however, as noted by Paine, *et al.*, (1966) is the presence of job insecurity originating from financial difficulties or agency reorganization.

Advancement. Promotion in public welfare is theoretically based upon a merit system rewarding superior workmanship rather than a tenure system rewarding duration of service. Unfortunately, the combination of an existing three to six month probation period and high turnover rates generally result in a variation of Katzell's reduction of requirements;" the worker who has remained on the job the longest is seen as the most "experienced." The general lack of easily definable performance standards all too often leads supervisors to measure an individual's quality of work in terms of the number of flagrant errors of judgment, and to regard job success as "not getting too far behind." In many cases, "successful caseworkers," who originally entered the system without professional training, have risen to the level of supervisor. Supervisory positions are also sometimes filled by graduates of schools of social work. Although there are no figures by which to judge which method produces better supervisors, it appears that "experience" is weighed heavily. A major obstacle to any comparison of methods is that, as with caseworkers, the criteria for supervisory success is all too often the production of a less than average number of flagrant errors of judgment and the ability to keep staff from getting too far behind.

Daly (1972) offers one of the more realistic solutions to the problems of social welfare manpower development (i.e., professionalism, turnover, promotion, etc.) through the use of a systems approach:

> Taking a systems approach to manpower development means that we view it as a subsystem of the larger social welfare system and as an interlocking system with other subsystems within the field — with the professional organizations, social work education, and the network of social agencies — and as an interlocking system, also, with other systems outside the social welfare field — the Employment Service, the Civil Service, the general educational system and the law enforcement system, among others. Acceptance of this concept requires that we give up piecemeal attempts at solution of the complex manpower problem and identify all the components of the function as a prelude to planning, even though in actual operation the several elements may be administered separately and autonomously (p. 15).

VII. IDEOLOGY

The management of the social service delivery system, without exception, is based upon information developed by local office staffs. Careful studies of the organization and administration of state systems have clarified common problems. The most critical and widespread problems include a lack of written job descriptions (nature, quality, and quantity of individual tasks), a lack of administrative control in getting the job done, deficiencies in communication and training, duplication of effort, poor distribution of inadequate forms, inaccessible, disorderly and incomplete records, too much individual interpretation of eligibility standards, lack of coordination between programs, poor physical plants, poor understanding of too frequent regulation changes, lack of staff (impossible caseloads), and "fragmentation of the client."

Not only do workers not know what is expected of them, but no economical, fair, and high quality methods have ever been developed to deliver adequate services to child and adult clients when they need them. One of the largest obstacles to effective improvement has been client "fragmentation:" the fact that no single worker has had overall responsibility for the coordination of all services received by a client.

The practical effects of client fragmentation may mean that a child might wait for much needed services for months, because:

1. workers don't know which channels to follow to acquire the services needed; or
2. it takes that much time for a worker to collect and assemble all information concerning what other workers have already done or tried to do for that child; or
3. it takes that much time for a worker to wade through red tape in order to acquire the needed services; or
4. workers refuse to assume the responsibility for taking action when they are not sure how superiors and peers will react to such independence or initiative.

It may mean that when a child receives a service it may be inappropriate either because:

1. too much time has elapsed; or
2. incomplete information has led to the wrong service-client match.

Or, it may mean that the received service, even if it is received during the time of need, may be of such poor quality that the problem is not effectively lessened.

The result of this delay, no matter what the reason, is often a worsening of the problem or the creation of additional problems, including, in both instances, emotional disturbance.

It should be clear that a lack of communication within the social welfare bureaucracy and between the system and other suppliers of services (agencies, groups, individuals) is a problem which creates many other problems. But what is not clear from the above is that communication between the system and the client is also frequently poor. The client may wait for months for a much needed service and not once hear from a worker that something is being done and that he has not been simply forgotten or ignored. In an attempt to remedy these problems, Michigan and many other states have identified and begun the implementation of the following objectives:

1. Provide a uniform understanding of the services policy and procedure boundaries.
2. Provide specific policy information and procedures.
3. Emphasize the concept of a primary worker in developing, organizing, assisting, monitoring, and evaluating individual services.

4. Simplify the administrative processes of eligibility determination, income maintenance, and social services.
5. Match service needs to service skills through the differential utilization of staff.
6. Extend the use of pre-professional staff.
7. Reduce professional staff turnover by maximizing job satisfaction.
8. Increase public confidence in public welfare administration by improving efficiency and effectiveness.
9. Accept the right of recipients to accept or reject the offer of services (except protective services which, by law, must be accepted if the need for them is proven to exist).
10. Promote attitudes of dignity, independence and responsibility among applicants and recipients.

These last two objectives constitute a major change in the ideology of modern social welfare in the United States. There is a realization that the need for service may or may not be part of the entire crisis situation, and that individuals should not be forced to accept services as a prerequisite for financial help. Some crises clearly require only a small amount of money, and some require only a lot of it. Too often in the past, useless and sometimes encumbering services have greatly complicated simple financial problems. This change also assumes that a client has the capacity to define his own needs, and thus provides him with the opportunity for increased dignity, independence, and responsibility.

Under the new system, which separates goal-oriented services from money grants, the focus is on the individual as the primary client. The services staff attempts to maximize the client's choices and control over his own affairs. This change is good as far as it goes. Fitting services to the individual is far more beneficial than the other way around. However, this change in direction will remain beneficial only as long as the client's problem is not seen as needing only one individualized service, when that may not be the case. Workers must also be knowledgeable enough to fashion all needed services into an appropriate delivery system when necessary.

VIII. ADDENDUM

The preceding paper on the structure of the social welfare system opens with the statement of two problems that became apparent in researching the paper, and which are critical to interpretation and utilization of the work.

> First of all the present social welfare delivery system is so varied and complex that any level of generalization leads to inaccuracy. Secondly, the organizational and administrative structure of the system is undergoing such rapid change that any description quickly becomes an historical account.

These problems are apparent in a comparison of the service delivery described in the "Patterns of Interaction" section with that existing in the field, even as the paper goes to print.

Two aspects of current policy greatly influence the social welfare system: "a gradual separation of service programs and income maintenance" and "a concerted effort to develop strategies for achieving specific and clearly defined goals. Field observation in a county office in Michigan, reveals the first of these policies to be operational. The organization charts in the Appendix (Figures 6 through 10) clearly illustrate the separation.

The status of a service delivery system organized around "clearly defined goals" is much less certain. Goal orientation exists as a philosophical and operational ideal, but not as a practical reality defining services in terms of "reception and channeling . . . services intake . . . and case management (p. 44)." Local welfare offices have *not* reorganized under the aegies of a case management system that was to assure "coordinating all services rendered to a particular receiver unit . . . to enable that unit to achieve optimum levels in . . . the four general goal areas (p. 47)." Thus the service delivery roles represented in Figures 6, 7, and 10 do not exist operationally: in this respect, Michigan's actual service delivery systems are at dramatic variance with that described in the preceding paper.

State Social Services officials responsible for program design and implementation claim that a "case management system," resembling that of Figures 6, 7, and 10, "will be the model delivery system of the future." The specific case management system described in the structure paper was known as the TAP project. It was, according to one official, "based upon the regulations and philosophies proposed, but never fully implemented, by the Department of HEW." This official, while fully committed to the "case management technique with appropriate goal orientation," would support such a program only when it "adequately meets the objectives of Michigan programs and commitments to services. . . . The TAP project was too much oriented towards limited federal objectives." So it was that in spite of considerable federal pressure for implementation of the case management system as embodied in the TAP project, state Social Services officials in Michigan refused to rush headlong into premature commitment. Certain of the counties proposed for pilot implementation of TAP insisted on going ahead with the project. With these few exceptions, however, case management and goal orientation remain in the conceptual stage of development (state official, Michigan Department of Social Services, personal communication).

Planning efforts to replace TAP proceed apace, but have not been implemented. As seen in the discrepancy between the theoretical system structure in the preceding paper and the practical system structure in the field, however, plans have a way of slipping "twixt the cup and the lip" in the social welfare system. The author's warnings about generalization and speed of change in the welfare system have proved eminently appropriate.

Mark M. Ravlin
Research Assistant,
The Conceptual Project, 1973-74

IX. APPENDIX

ORGANIZATIONAL CHARTS OF THE VARIOUS LEVELS OF THE SOCIAL WELFARE DELIVERY SYSTEM

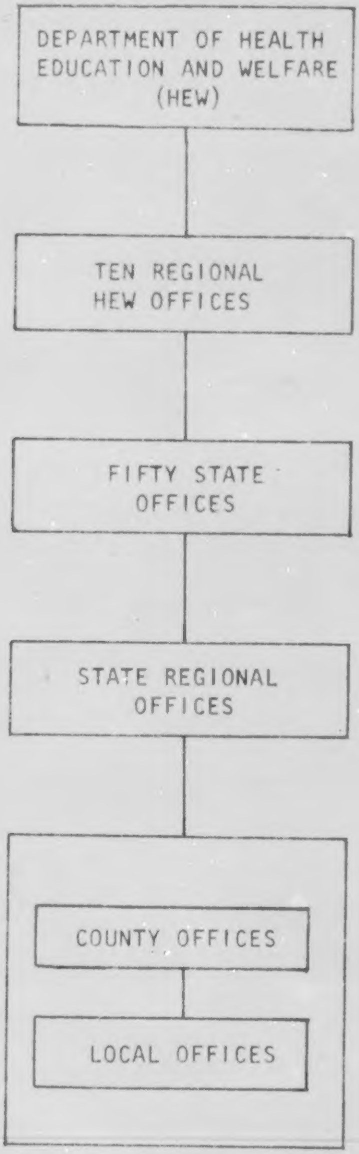


Figure 1: Overall organization of the Social Welfare Delivery System.

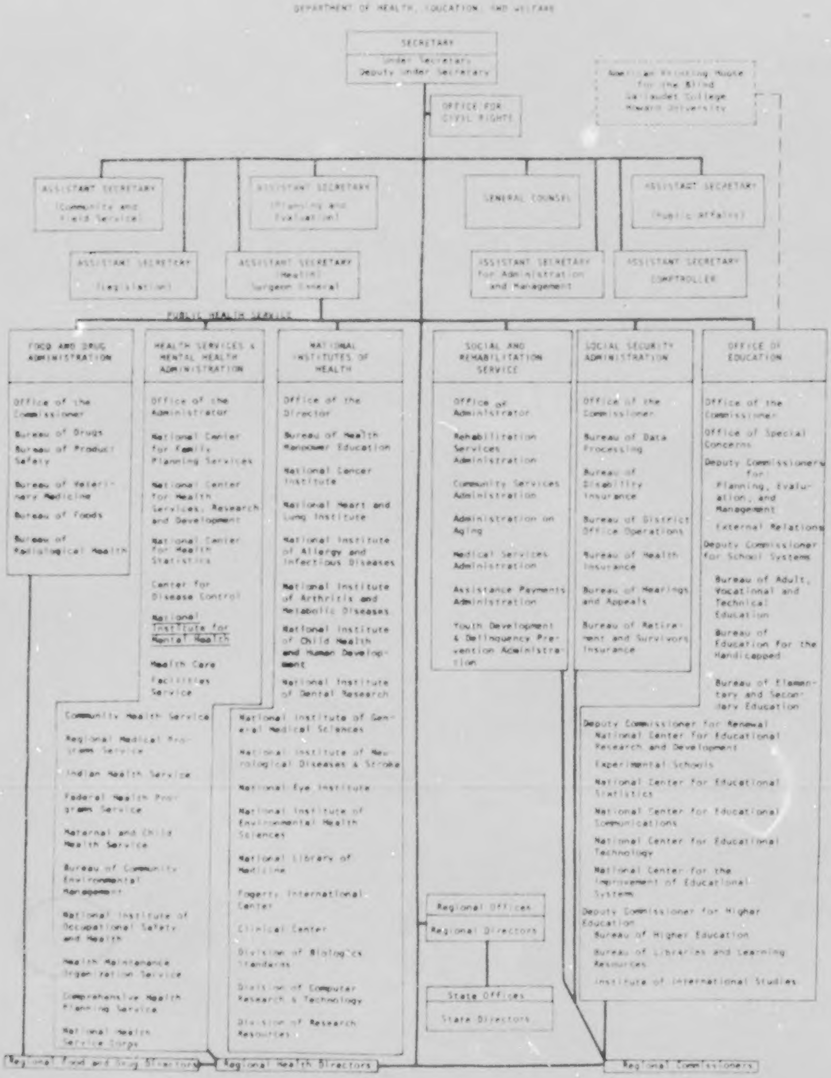
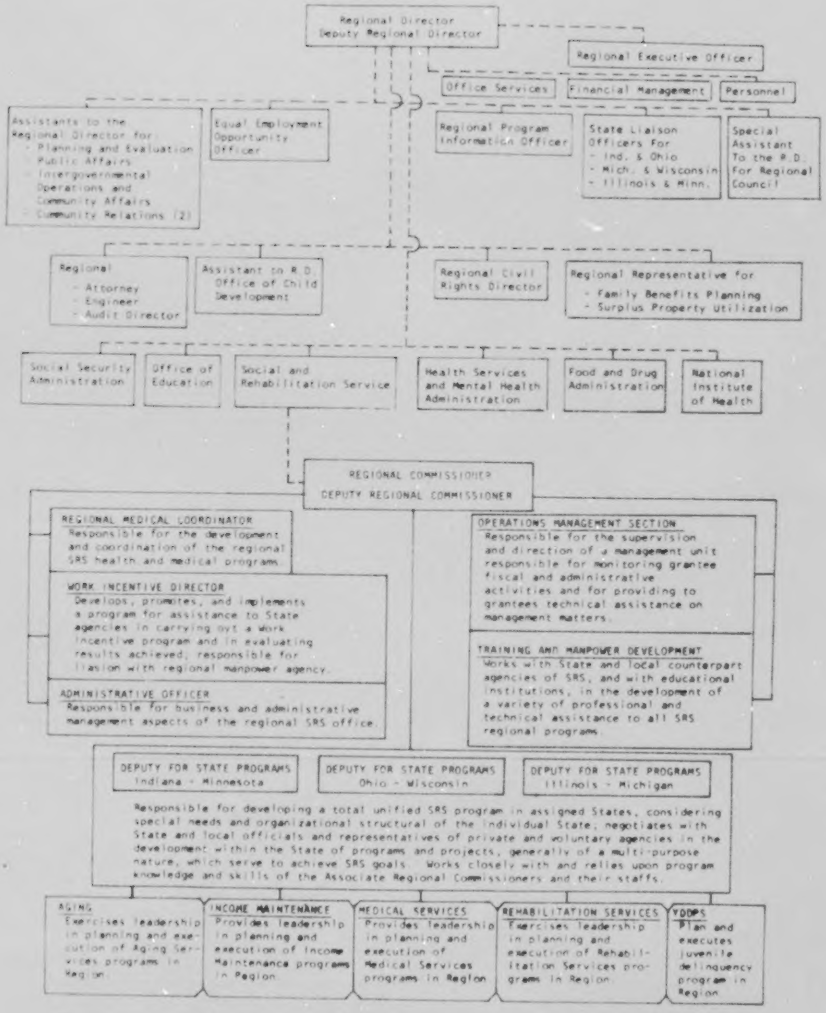

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SECRETARY
Under Secretary
Deputy Under Secretary
OFFICE FOR CIVIL RIGHTS
American Printing House for the Blind
Gallaudet College
Howard University
ASSISTANT SECRETARY (Community and Field Service)
ASSISTANT SECRETARY (Planning and Evaluation)
GENERAL COUNSEL
ASSISTANT SECRETARY (Public Affairs)
ASSISTANT SECRETARY (Legislation)
ASSISTANT SECRETARY (Health) Surgeon General
ASSISTANT SECRETARY for Administration and Management
ASSISTANT SECRETARY COMPTROLLER
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
Office of the Commissioner
Bureau of Drugs
Bureau of Product Safety
Bureau of Veterinary Medicine
Bureau of Foods
Bureau of Radiological Health
HEALTH SERVICES & MENTAL HEALTH ADMINISTRATION
Office of the Administrator
National Center for Family Planning Services
National Center for Health Services, Research and Development
National Center for Health Statistics
Center for Disease Control
National Institute for Mental Health
Health Care Facilities Service
Community Health Service
Regional Medical Programs Service
Indian Health Service
Federal Health Programs Service
Maternal and Child Health Service
Bureau of Community Environmental Management
National Institute of Occupational Safety and Health
Health Maintenance Organization Service
Comprehensive Health Planning Service
National Health Service Corps
NATIONAL INSTITUTES OF HEALTH
Office of the Director
Bureau of Health Manpower Education
National Cancer Institute
National Heart and Lung Institute
National Institute of Allergy and Infectious Diseases
National Institute of Arthritis and Metabolic Diseases
National Institute of Child Health and Human Development
National Institute of Dental Research
National Institute of General Medical Sciences
National Institute of Neurological Diseases & Stroke
National Eye Institute
National Institute of Environmental Health Sciences
National Library of Medicine
Fogarty International Center
Clinical Center
Division of Biologics Standards
Division of Computer Research & Technology
Division of Research Resources
SOCIAL AND REHABILITATION SERVICE
Office of Administrator
Rehabilitation Services Administration
Community Services Administration
Administration on Aging
Medical Services Administration
Assistance Payments Administration
Youth Development & Delinquency Prevention Administration
SOCIAL SECURITY ADMINISTRATION
Office of the Commissioner
Bureau of Data Processing
Bureau of Disability Insurance
Bureau of District Office Operations
Bureau of Health Insurance
Bureau of Hearings and Appeals
Bureau of Retirement and Survivors Insurance
OFFICE OF EDUCATION
Office of the Commissioner
Office of Special Concerns
Deputy Commissioners for:
Planning, Evaluation, and Management
External Relations
Deputy Commissioner for School Systems
Bureau of Adult, Vocational and Technical Education
Bureau of Education for the Handicapped
Bureau of Elementary and Secondary Education
Deputy Commissioner for Renewal
National Center for Educational Research and Development
Experimental Schools
National Center for Educational Statistics
National Center for Educational Communications
National Center for Educational Technology
National Center for the Improvement of Educational Systems
Deputy Commissioner for Higher Education
Bureau of Higher Education
Bureau of Libraries and Learning Resources
Institute of International Studies
Regional Offices
Regional Directors
State Offices
State Directors
Regional Food and Drug Directors
Regional Health Directors
Regional Commissioners

Figure 2. Department of Health, Education, and Welfare.


Regional Director
Deputy Regional Director
Regional Executive Officer
Office Services
Financial Management
Personnel
Assistants to the Regional Director for:
- Planning and Evaluation
- Public Affairs
- Intergovernmental Operations and Community Affairs
- Community Relations (2)
Equal Employment Opportunity Officer
Regional Program Information Officer
State Liaison Officers For
- Ind. & Ohio
- Mich. & Wisconsin
- Illinois & Minn.
Special Assistant To the R.D. For Regional Council
Regional
- Attorney
- Engineer
- Audit Director
Assistant to R.D. Office of Child Development
Regional Civil Rights Director
Regional Representative for
- Family Benefits Planning
- Surplus Property Utilization
Social Security Administration
Office of Education
Social and Rehabilitation Service
Health Services and Mental Health Administration
Food and Drug Administration
National Institute of Health
REGIONAL COMMISSIONER
DEPUTY REGIONAL COMMISSIONER

REGIONAL MEDICAL COORDINATOR
Responsible for the development and coordination of the regional SRS health and medical programs.

WORK INCENTIVE DIRECTOR
Develops, promotes, and implements a program for assistance to State agencies in carrying oyt a Work Incentive program and in evaluating results achieved; responsible for liasion with regional manpower agency.

ADMINISTRATIVE OFFICER
Responsible for business and administrative management aspects of the regional SRS office.

OPERATIONS MANAGEMENT SECTION
Responsible for the supervision and direction of a management unit responsible for monitoring grantee fiscal and administrative activities and for providing to grantees technical assistance on management matters.

TRAINING AND MANPOWER DEVELOPMENT
Works with State and local counterpart agencies of SRS, and with educational institutions, in the development of a variety of professional and technical assistance to all SRS regional programs.

DEPUTY FOR STATE PROGRAMS
Indiana - Minnesota

DEPUTY FOR STATE PROGRAMS
Ohio - Wisconsin

DEPUTY FOR STATE PROGRAMS
Illinois - Michigan

Responsible for developing a total unified SRS program in assigned States, considering special needs and organizational structural of the individual State; negotiates with State and local officials and representatives of private and voluntary agencies in the development within the State of programs and projects, generally of a multi-purpose nature, which serve to achieve SRS goals. Works closely with and relies upon program knowledge and skills of the Associate Regional Commissioners and their staffs.

AGING
Exercises leadership in planning and execution of Aging Services programs in Region.

INCOME MAINTENANCE
Provides leadership in planning and execution of Income Maintenance programs in Region.

MEDICAL SERVICES
Provides leadership in planning and execution of Medical Services programs in Region.

REHABILITATION SERVICES
Exercises leadership in planning and execution of Rehabilitation Services programs in Region.

YDDPS
Plan and executes juvenile delinquency program in Region.

FIGURE 3. SOCIAL AND REHABILITATION SERVICE PERSONNEL FUNCTIONS

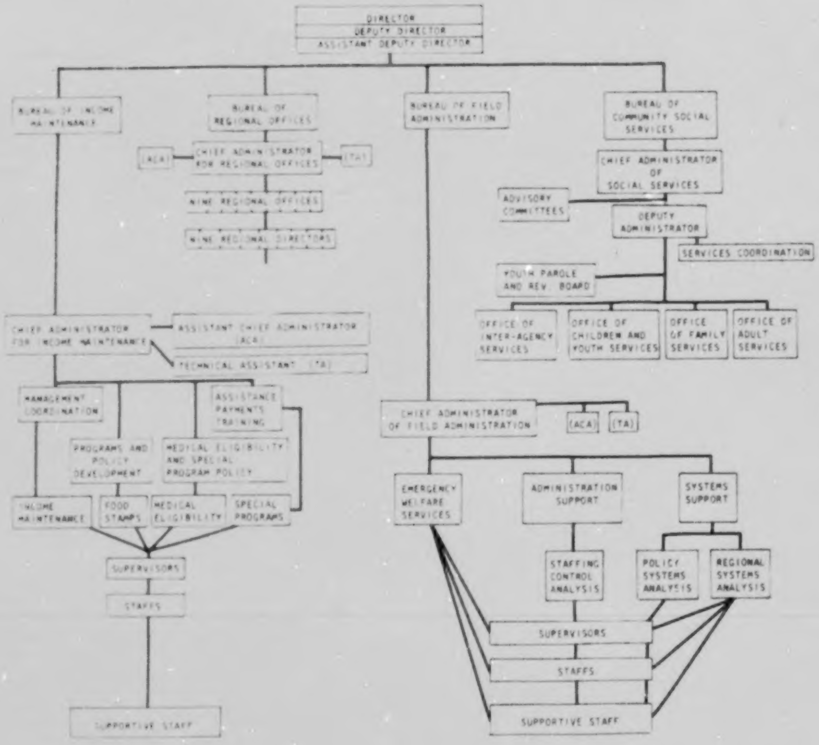
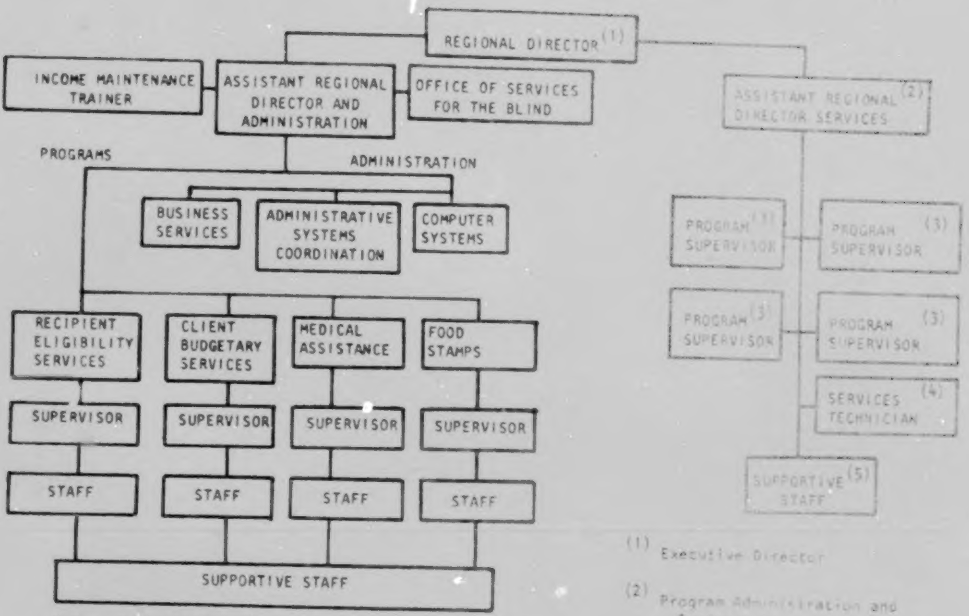

DIRECTOR
DEPUTY DIRECTOR
ASSISTANT DEPUTY DIRECTOR
BUREAU OF INCOME MAINTENANCE
BUREAU OF REGIONAL OFFICES
(ACA)
CHIEF ADMINISTRATOR FOR REGIONAL OFFICES
(TA)
NINE REGIONAL OFFICES
NINE REGIONAL DIRECTORS
BUREAU OF FIELD ADMINISTRATION
BUREAU OF COMMUNITY SOCIAL SERVICES
CHIEF ADMINISTRATOR OF SOCIAL SERVICES
ADVISORY COMMITTEES
DEPUTY ADMINISTRATOR
SERVICES COORDINATION
YOUTH PAROLE AND REV. BOARD
OFFICE OF INTER-AGENCY SERVICES
OFFICE OF CHILDREN AND YOUTH SERVICES
OFFICE OF FAMILY SERVICES
OFFICE OF ADULT SERVICES
CHIEF ADMINISTRATOR FOR INCOME MAINTENANCE
ASSISTANT CHIEF ADMINISTRATOR (ACA)
TECHNICAL ASSISTANT (TA)
MANAGEMENT COORDINATION
ASSISTANCE PAYMENTS TRAINING
PROGRAMS AND POLICY DEVELOPMENT
MEDICAL ELIGIBILITY AND SPECIAL PROGRAM POLICY
INCOME MAINTENANCE
FOOD STAMPS
MEDICAL ELIGIBILITY
SPECIAL PROGRAMS
SUPERVISORS
STAFFS
SUPPORTIVE STAFF
CHIEF ADMINISTRATOR OF FIELD ADMINISTRATION
(ACA)
(TA)
EMERGENCY WELFARE SERVICES
ADMINISTRATION SUPPORT
SYSTEMS SUPPORT
STAFFING CONTROL ANALYSIS
POLICY SYSTEMS ANALYSIS
REGIONAL SYSTEMS ANALYSIS
SUPERVISORS
STAFFS
SUPPORTIVE STAFF

FIGURE 4. ORGANIZATION OF THE SOCIAL SERVICES DEPARTMENT AT THE STATE LEVEL.



Note: Supervision and staff are not separated into categories except in the largest regions.

(1) Executive Director

(2) Program Administration and Supervision

(3) Program Supervision (Specialist)

(4) Technical Program Support

(5) Clerical and Accounting Support

Figure 5. State Regional Offices at the State Regional Level

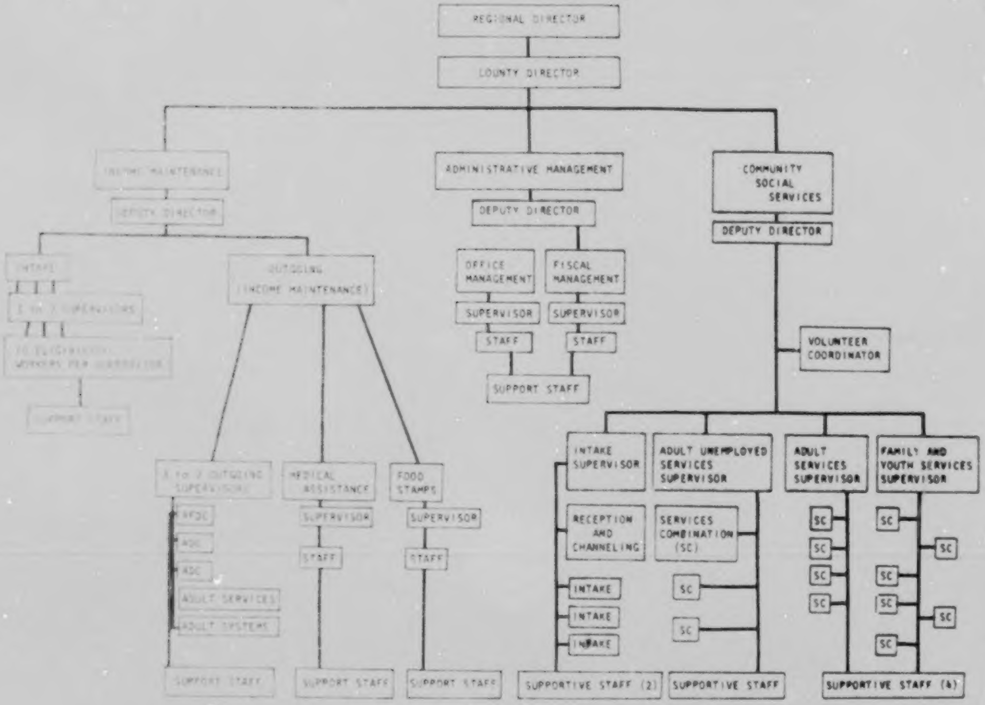
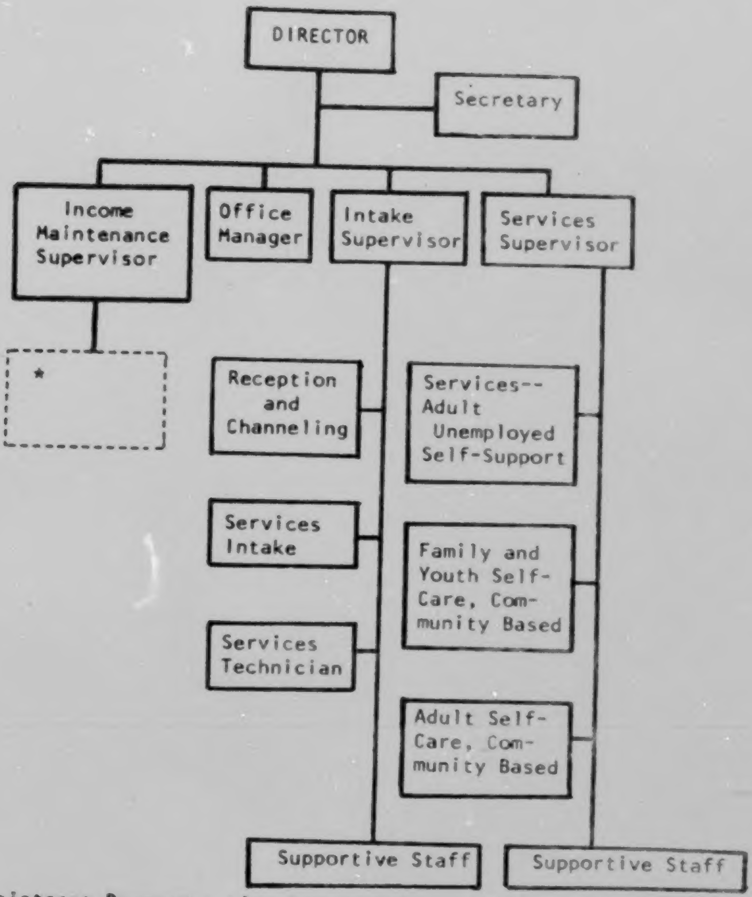
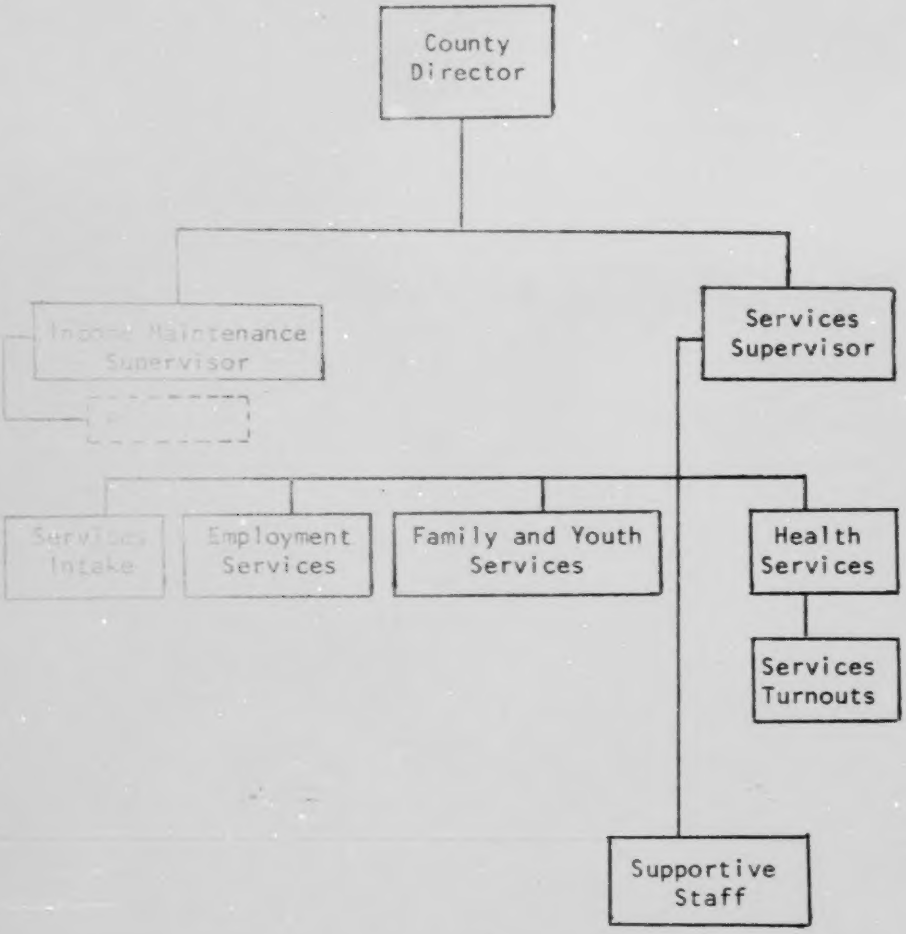


FIGURE 6. LARGE COUNTY WELFARE OFFICE (60-100 STAFF)



*Assistance Payments, also known as Income Maintenance, has not been included in this chart.

Figure 7. County Welfare Office, Services Section (Staff 35-50).



Assistance Payments, also known as Income Maintenance has not been included in this chart.

Figure E. County Welfare Office, Services Section (Staff 12-28).

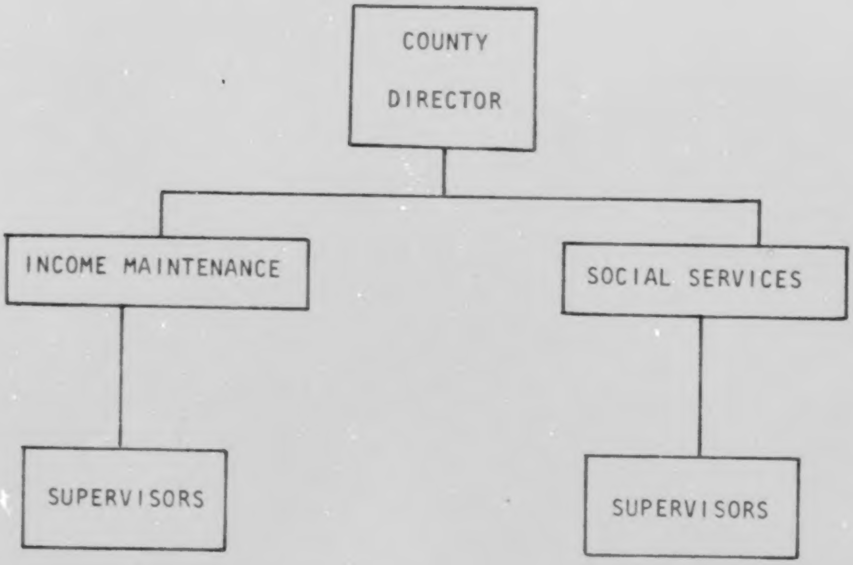


Figure 9. County Welfare Office (Staff 11 or less).

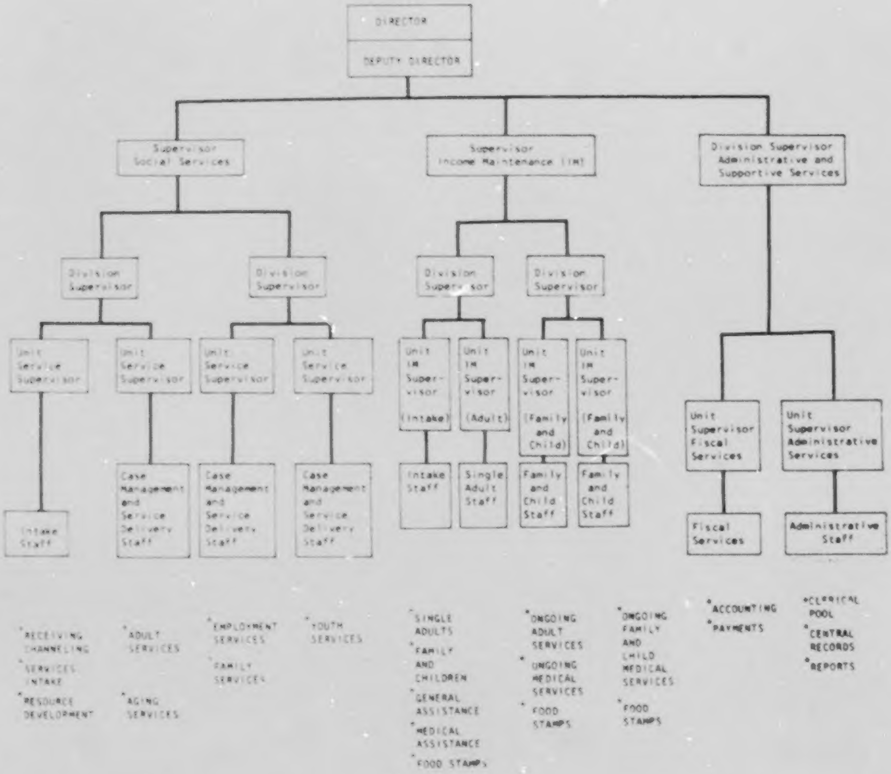


FIGURE 15. Local Welfare Department organization and *responsibilities (200-560 Staff).

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THE TREATMENT OF DEVIANCE BY THE SOCIAL WELFARE SYSTEM: A CASE STUDY

by

Mark Ravlin

FOREWORD

It is the purpose of this paper to convey an understanding of the content and process of services pertaining to children at the Department of Social Services (DSS) in Noah County. The task is complicated by the fact that at least twelve DSS programs — discrete in objective, regulation, process, and staff — are concerned with children. The issue of how to describe so many disparate services meaningfully, yet readably, may or may not have been resolved. It was discovered early in the field research that generalization across the twelve services could be obtained only at the cost of accuracy and specificity. Thus, the paper includes separate descriptions of each of the child-centered programs, and is organized as a catalog of service abstracts, or as a service manual, if you will.

It is an implicit goal of the paper to confront the reader with a description of the Noah County DSS that facilitates as "real" and first-hand an understanding of the Department as possible. To the extent that you, the reader, must struggle with the material and its format, your experience may parallel the author's as an outsider in the system as well as that of Social Services clients, all of whom can get similarly bogged down in the melange of services and workers that may comprise the Department's intervention into its clients' lives.

The primary purpose of this paper, however, is to foster an understanding that extends beyond the complexity of the Department's child-centered service operations. It may be helpful to study each service abstract and the pertinent client-flow chart as a unit complete within itself. The services described are so discrete that there should be no compulsion to view their description — the paper — as a tightly integrated entity. The Department of Social Services exists as a collection of disparate entities and is most accurately viewed in that light.

I. INTRODUCTION

The Noah County Department of Social Services (DSS) operates out of a single county office located on the outskirts of Noah, the county seat. The Department occupies the ground floor of the Johnson-Smith Social Services Building, of which the county Public Health Department occupies the basement. The Social Services staff of 100 operated within an approximate annual budget of $14,000,000 for the 1972-1973 fiscal year, delivering some degree of service to 3,000 clients per month. Over 95 per cent of the Department's budget is made up of state funds, of which roughly 55 per cent originate at the federal level. As one of the eleven county offices in its social services region, the Noah County Department is responsible to the state DSS—through the regional office—for programs supported by these funds. The remaining two to five per cent of the Noah Department's budget is comprised of county funds, for which the Department is responsible to the county Social Services Board—a political body of which two members are appointed by the County Commissioners; the third, by the Governor. In accordance with policies originating at the federal level, the Noah Department of Social Services is a bipartite agency. The programs administered and delivered by the office are divided into income maintenance or assistance payments, and services.

Income Maintenance Unit

Aid to (Families with) Dependent Children (AFDC or ADC), Aid to the Blind (AB), Aid to the Disabled (AD), Old Age Assistance (OAA), General Assistance (GA), Emergency Assistance (EA), and Food Stamps comprise Social Services' income maintenance program. The county Social

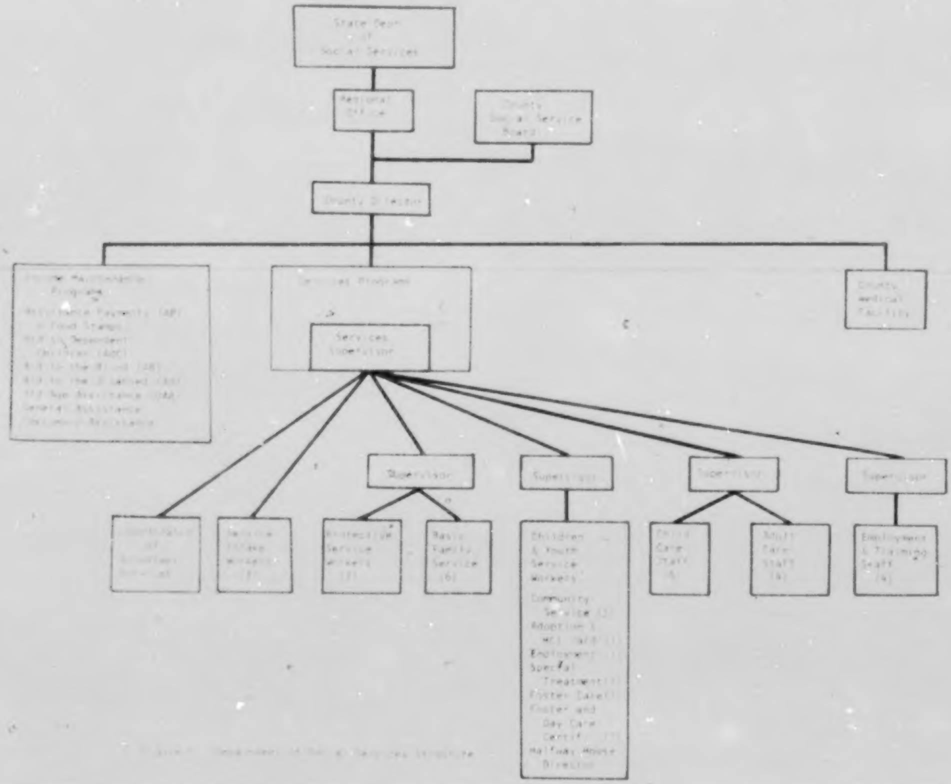


Figure 1. Department of Social Services Structure

Security office is gradually assuming responsibility for the monetary aspects of AB, AD, and OAA, leaving Medicaid and other ancillary aspects of these programs in the hands of DSS.

ADC, although philosophically child-centered, is administered through an adult guardian and is thus not considered a service delivered to children for the purposes of this paper. The income maintenance programs, then, do not fall within the purview of the paper except insofar as eligibility for them, with specific exceptions, is required for Service Unit eligibility.

Service Unit

The Service Unit of the Noah County DSS consists of eight service delivery groups (Figure 1). Two of these involve services to adults only and thus are not in the paper's domain: Adult Care and the Separate Administrative Unit. The remaining six groups are the concern of this paper: Service Intake, Basic Family Services, Protective Services, Children and Youth Services, Child Care, and Volunteer Services. All involve child-directed or child-related services.

The Service Unit is overseen by a single supervisor responsible to the county Director of Social Services. The Unit is subdivided into five separately supervised areas. Of the 33 workers and six supervisors who comprise the Service Unit, 25 workers and five supervisors deliver services directly related to children. These child-related-service workers open an average of 420 cases per month, closing 380. Case duration may range from hours to years. A case may be opened simultaneously by more than one worker. For example, an ADC case may be opened by one of the assistance payments staff, while the client is in concurrent need of day care and counseling about housing. In this situation, three cases would be opened for the same client family: one by an assistance payments worker, one by the day care intake worker, and the third by a Basic Family Services worker. Further, this hypothetical multiple-needs case would fall into three separate supervisory domains. The crossing of domains by workers and supervisors is prohibited.

The organization of the Unit's subdivisions is, then, primarily by service, secondarily by client. Specialization of service personnel receives priority over continuity and consistency of service delivered. Thus one client with multiple needs may be on the caseloads of several workers, each of whom is responsible for the care of one of those needs. These workers may in turn be overseen by several supervisors—all simultaneously. A Social Services client, then, is not seen as a worker's client, but as the agency's.

Background of the Service Unit Staff

The worker specialization encouraged by the establishment of domains within the Service Unit is not reflected in the training or professional backgrounds of service workers. The following table shows the breakdown of the staff according to academic training and certification.

Group	Degree Held	% of Services Staff
1	Masters in Social Work	12.5
2	Bachelors in Social Work	12.5
3	Bachelors in related field	62.5
4	No degrees	12.5

The number of workers in groups two and three who have earned academic credit for graduate level courses in social work and related fields represents 50 per cent of the total service staff. Practical experience in human services ranges from two to 22 years, averaging 8.75.

Client Population and Eligibility for Services

The clientele of the service side of the Noah County DSS amounts to five to seven per cent of the county's population of 143,000. In 81 per cent of the homes to which services are rendered, the most educated adult has not finished high school. In 44 per cent of service-receiving homes the highest paid family member is unemployed; in 31 per cent, he/she is employed full time in a blue collar position. The racial make-up of the Service Unit client population is 78 per cent Caucasian, twenty per cent Negro, and two per cent Chicano. Two groups not included in the data are prospective adoptive, and foster families—primarily because it is not they, but the children involved who make up the Service Unit caseloads.

To be eligible for services, a Social Services client must be:

1. a current recipient of public assistance (ADC, AB, AD, or OAA),
2. a current applicant for public assistance,
3. a former recipient of public assistance (within the past two years), or
4. a nonrecipient who meets the eligibility requirements below.

The income parameters of these four eligibility groups are as follows.

Category Of Financial Assistance	Family Size	Gross Annual Income
Aid to Families with Dependent Children (ADC or AFDC)	1	$ 0-3600
	2	3601-5000
	3	5001-6500
	4	6501-7500
	5+	over 8500*
Old Age Assistance (OAA), Aid to the Blind (AB), and Aid to the Disabled (AD)	1	$ 0-3600
	2 (spouse)	3600-5000

*Once a family has been found eligible for an ADC grant, income levels may rise without affecting the eligibility status of the family. The first $30.00 and one-third of any money earned thereafter is exempt from eligibility consideration.

Programs whose clients need not meet these economic eligibility criteria include Day Care, Protective, Adoption, Interstate Compact, and Community Services. Financial eligibility for these services is determined by the state and is discussed in the respective sections of this paper.

Eligibility criteria for Emergency Assistance (EA) and General Assistance (GA) may vary from the above. These programs are county-funded and thus subject to different eligibility standards. Because the purpose of EA and GA is to provide for those who do not meet the rigid eligibility criteria of federally-funded programs, eligibility for EA and GA is determined case-by-case—seldom by hard and fast standards. Recipients of EA and GA are eligible for the specific children's services with which this paper deals, only if they are simultaneously applying for aid in the form of AB, AD, OAA, or ADC.

II. DSS SERVICES PERTAINING TO CHILDREN

Service Intake

Service Intake as practiced in Noah County serves four primary groups: 1) possible DSS clients, 2) present DSS clients, 3) other agencies, and 4) the community-at-large.

Intake work with the first group is by telephone and office appointment. Intake services are available to anyone, regardless of eligibility for other Social Services programs. Contact made with Service Intake results in one of two possible outcomes. First, if the contact is a request for a service provided by DSS, Intake's responsibility is to determine eligibility for such service. If the prospective client is eligible, Service Intake is then responsible for in-house referral to the appropriate worker. If the prospective client is ineligible, or if the request is for a service not provided by DSS, Intake may refer the case to an outside resource.

Referral by Service Intake can be direct or indirect: the Intake worker may actually take the referral initiative, or may suggest appropriate resources with whom the inquirer must initiate contact. Two criteria form the bases of a decision for direct versus indirect referral: 1) whether it appears that the inquirer will take the initiative required by an indirect referral, and 2) Intake's caseload—the higher it is, the less time available for direct referrals. Sixty per cent of the referrals are direct; forty per cent, indirect.

Contacts by current DSS clients, the second group served by Service Intake, are usually made by telephone. The client may call Service Intake directly or the client's present worker may refer the case, directly or indirectly, to Service Intake. In either situation it is Intake's responsibility to make a direct referral of the client to the appropriate service worker. Service Intake, then, directs the traffic flow of current DSS clients. Intake workers may undertake casework roles in cases of immediate emergency and/or ineligibility for other DSS services in which the problem can be resolved in one or two contacts.

Service Intake refers eligible clients directly to an appropriate service worker. Ineligible clients frequently are given further referral suggestions drawn from a community resource file maintained by Service Intake. Perhaps the most up-to-date file of its kind in the county, it is available to the community-at-large as well as to service workers within the agency.

Service Intake also provides information to all other service delivery agencies in the county. Intake serves as an eligibility screening agent for those agencies: 1) to obtain a service available only through Social Services for an agency client, 2) to avoid duplicating or unnecessarily providing a service for which a potential client might be eligible through Social Services, or 3) to check whether Social Services is available to reimburse the agency for a service rendered to a client. Services requested may range from emergency food orders to long-term counseling.

No call from an outside agency is refused; all result in eligibility screening of one sort or another. Noah County Intake Workers claim that most inquiries demand only "yes/no" answers. Thus they do not consider it a violation of confidentiality to reveal relevant information. In some cases, Intake contacts the client directly to obtain information for the inquiring agency.

Finally, Intake responds to calls from the community, usually from those seeking explanation of Social Service functions, or from those seeking other service resources.

Service Intake is, then, an information and referral clearinghouse available to individuals and agencies. Intake's primary responsibility with respect to Social Services is eligibility screening and channeling of referrals to appropriate service staff.

Basic Family Services (BFS)

Basic Family Services is the creature of the mandated separation of assistance payments from services. Section 402 of the Social Security Act calls for the creation of a family services program as part of the states' plans for ADC. Social Services' mandate "recognizes that certain basic services should be available to assist all families and children in need of services (DSS *Service Manual*, Item A-100, [1]). The services that are delivered fall short of those which "should be available." "Limitations of financial resources and the severity of problems caused or compounded by poverty . . . require that the Department focus its basic services on ADC families at this time. Basic Family Services, then, are continuing services available to all ADC recipients in order to help them improve the quality of their lives and to assist each individual to attain his maximum potential. They are to focus, according to the *Service Manual*, on family life, financial resources, good health, adequate housing and other environmental conditions, and educational opportunities.

The sources of referral to BFS are: 1) Service Intake, 2) Assistance Payments (AP), and 3) the community at large (school, day care center, the Public Health Department, the mental health clinic, a doctor, the police, or any other concerned neighbor or agency). Referrals to BFS often involve such child-related issues as truancy, child neglect, and behavior management problems.

Two criteria must be met for the BFS process to begin: 1) the client must be poor enough to be eligible for ADC, and 2) the client must have additional problems. In the words of one DSS client, "you've got to be getting a check and, what with the way they work it, you've pretty much got to have a crisis to really see somebody." Might clients create crises in order to see someone? "It's been done (personal interview)." Two possible results of the BFS criteria, then, are continued dependence on assistance payments, and increased crises. One definite result is that BFS, according to Noah County caseworkers, is a "patchwork of crisis intervention (personal interview)."

All BFS referrals lead to action. Although the *Service Manual* specifies that worker-client contact is to be initiated within one week, Noah County BFS caseloads limit such prompt action to cases of perceived high urgency. Problems thus perceived include impending shut-off of power, removal of parent(s) from a home, lack of food in a home, burn-outs, and others.

Initial BFS contact is essentially an offer of service. The client may accept or reject the offer. If the offer is accepted, it is followed by an assessment of difficulties; a process carried out with varying degrees of formality, client-worker collaboration, and outside input; depending on the attitudes and skills of the particular worker.

The generally low frequency of reference to outside resources in client records indicates a discrepancy between outside resources available and resources actually utilized. BFS workers in Noah County are under no obligation to seek such participation, with the result that utilization of outside resources varies among workers.

A Treatment, or Service Plan follows from the assessment of difficulties. The Service Plan is designed to 1) analyze a client's problems in operational terms, 2) define and organize operationally a process for dealing with the problems, and 3) evaluate the on-going process. Thus, the Service Plan may function as a service delivery contract to the extent that it is behaviorally specific and negotiated with the client. Such is rarely the case in Noah County, for the BFS Service Plans are often vague, impressionistic, and unwritten. Input and collaboration on the part of outside resources are appropriate in the formulation of the Service Plan, but seldom utilized.

The formulation of a Service Plan can yield one of four results: 1) the worker and/or the client may find no real need for service or may resolve the need in the process of formulation, 2) the client, more aware of just what lies ahead in the way of treatment, may reject Basic Family Services, 3) the Service Plan may be enacted, or 4) the client may not commit him/herself to any clear position as to whether to continue treatment.

Enactment of the Service Plan may entail service delivery solely by the BFS worker, and/or referral to other DSS programs (e.g., Volunteer Services, Day Care, various work training programs), and/or referral to outside resources. There is no obligatory, built-in process for coordinating cases with multiple-worker or multiple-agency Service Plans.

There are three possible outcomes of the initial Service Plan. First, enactment of the Plan may reveal other problems not addressed in the initial Plan, leading to modification of the Service Plan. Second, the client's problems may be resolved and the BFS case closed. This is an exit from BFS treatment process. Third, the present problem(s) may be resolved, but the case not closed. Alternatives to closing such a case might be follow-up contact by the BFS worker, the AP worker, or someone else involved in the case. A fourth outcome, not related to treatment progress, takes place with change in financial or residential eligibility. Whenever a client ceases to meet eligibility criteria, his/her case may be closed. Service Plans are dynamic and evolutionary; the BFS process of assessment—formulation—enactment may continue through any number of cycles prior to exit from the BFS pathway.

Protective Services (PS)

Protective Services can be distinguished from other facets of DSS by the fact that the prospective client is legally obligated to accept them. It is rare that anyone in Noah County refuses initially to cooperate with a PS worker, and in that minority of cases, law enforcement officials are quick to follow-up with court-ordered intervention.

The legal basis of Protective Services includes the Social Security Act, Title IV, Part A, Section 402(a), and several Public Acts passed by the state legislature. Legal obligation to act on those PS cases which may involve abuse rests not only on parents and DSS, but on "any licensed physician . . . registered nurse, social worker, or school principal, assistant principal, or counsellor or any law enforcement officer" with cause to suspect child abuse (DSS *Service Manual*, Item A-500[2], 1969).

Protective Services in Noah County must provide services to three groups of children: 1) all children reported, known, or suspected to have been abused—physically injured through active physical violence; 2) all children in homes applying for or receiving ADC who may be in danger of neglect—physical or emotional harm through parental abnegation of responsibility; and 3) all ADC eligible children in improper custody—left with someone not directly related and not licensed by the state (DSS *Service Manual*, Item A-500[4], Revised 1972).

There are two sources of PS referrals in Noah County: the community-at-large, and BFS workers. The first includes school or day care personnel, doctor or Public Health nurse, law enforcement personnel, or other citizen who suspects child abuse or neglect. BFS referrals are of cases in which conditions endangering a child have developed in the home of a BFS case, necessitating the more focused, intensive attention of PS. All referrals to PS receive action. Those cases which are ineligible for DSS PS are directly referred to another agency that can render services. Those which are eligible become PS cases.

The PS workers's first substantive move is to check the new referral for validity. The validity check, which must take place within one working day of referral, includes at least a home visit and any pertinent collateral information from outside sources (Figure 2). Invalidity of referral leads to exit from the PS treatment process. A valid abuse referral may lead to a Petition for Investigation, filed in Juvenile Court by the PS worker. Other abuse, and valid neglect and improper custody referrals usually lead to regular PS contact.

Several things can eventuate in the course of PS contact. A case staffing conference, attended by PS workers, and supervisory and consultative personnel may be scheduled. Time for such staffing conferences is scheduled weekly. The PS worker may draw other facets of DSS, or an outside agency into the treatment process. The PS worker may also, of course, continue alone. Regardless of which means are employed, there exist two possible outcomes. First, the problem may be resolved and the PS case closed. Seventy-five to eighty per cent of all PS cases in Noah County are closed in this way. Second, the problem may require further action in the form of a Petition for Investigation.

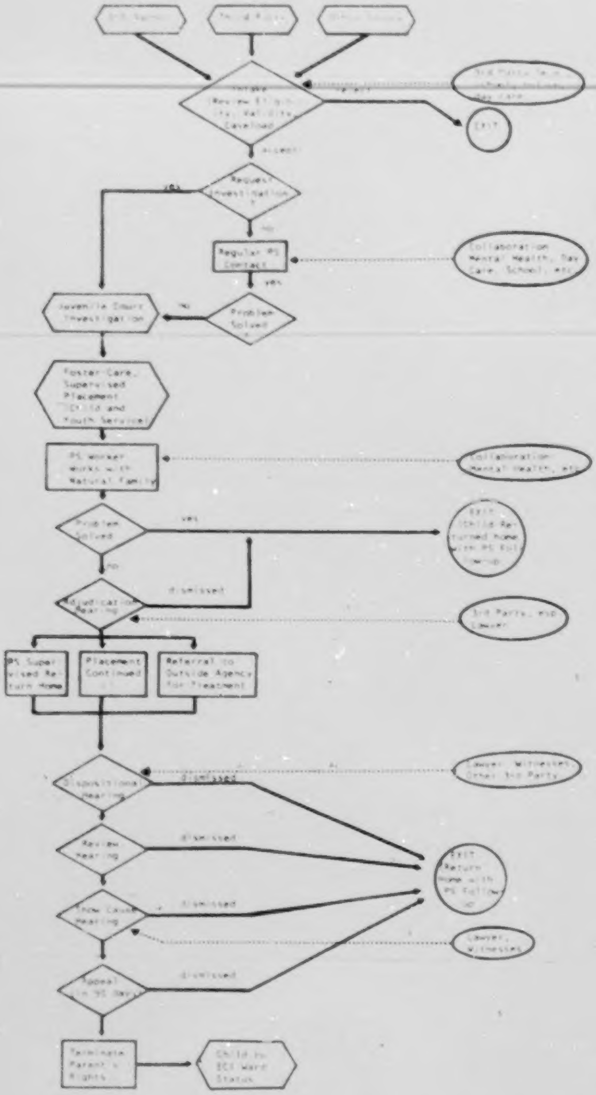


Figure 2. Protective Services: Client Processing Pathway.

A Petition for Investigation, regardless of what sort of PS case it springs from, cites what the PS worker views to be the problematic issues in the home and recommends some immediate action by the Juvenile Court. The recommendation is nearly always for removal of some or all of the children from the home. This recommendation leads to the immediate issue of a "Pick Up and Hold" Order by the Court, and the scheduling of a Preliminary Hearing. If a recommendation of removal is made, the foster care worker at DSS enters the picture, and is responsible for placing the removed child in a foster home or group care setting (Figure 2). Elapsed time between submission of a petition and removal of the child is so slight that consultation with outside resources seldom takes place. In the few cases where the Petition does not include removal of the child, it is used as a lever to force parental action.

The Preliminary Hearing in Noah County is attended by the Judge of the Juvenile Court, the PS worker, and the parents. The hearing includes 1) oral reading of the Petition, 2) offer of legal counsel, 3) explanation of possible outcomes by the Judge, 4) general statement of agreement or disagreement and of intent to contest the Petition by the parent(s), and 5) in some cases, testimony as to validity of the Petition.

There are two possible outcomes of a Preliminary Hearing. First, the child may be returned home. This could take place if the Court declared the Petition invalid or if the parents had taken the action demanded by the PS worker. Second, foster or residential placement may be continued and an Adjudication Hearing set for four to six weeks later. In either case, two things happen. An Initial Staffing takes place within a week to analyze the case in terms of visitation of the child by parents and to decide on tentative treatment goals and methods, assuring coordination of PS work with family and foster care work with the child in his/her new setting. In addition, PS work with the family continues, whether as follow-up if the child was not removed or was returned as of the Preliminary, or as intensive treatment if the child remains out of the home. In the latter case, work with the child is the responsibility of the foster care worker. It is possible that between Preliminary and Adjudication Hearings the issues may be resolved to the extent that the child can be returned home and the case dismissed. Four to six months of PS follow-up will precede the closing of such a PS case. If issues remain unresolved, an Adjudication Hearing is held.

At the Adjudication Hearing, the burden of proof rests on DSS to show that the issues cited in the original Petition are factual and that some or all of them remain unresolved. Present at the Adjudication Hearing are the Judge, Prosecuting Attorney, PS worker, counsel for the parents (particularly if the hearing is contested), parents, and any witnesses pertinent to the Petition issues. The Judge may dismiss the Petition and return the child home for PS follow-up and closure, or accept the Petition and set a Dispositional Hearing for two to eight months later.

One of two alternatives follows acceptance of the Petition. The Judge may return the child home under either Court or DSS supervision differing from dismissal by its later subjection to Dispositional review. Or the Judge may allow DSS to continue its treatment process, including continued removal of the child from the home.

In either case, a Treatment Program Staff is held within a week, attended by all Social Service personnel involved in the case as well as consultative resources. The purpose of this staffing is to evaluate the progress of the case, to examine and reset treatment goals and to clarify roles of PS, Foster Care, and other workers in further treatment. Acceptance of the Petition assures time for long range treatment, encouraging the utilization of outside resources by PS—a subject considered in the Treatment Program Staffing. If the court has returned the child home, case responsibility lies entirely with PS. If, however, continued separation has been allowed or ordered, this Staffing must lead to a decision as to continuation of the present placement or commencement of a placement oriented to more intensive treatment of the child.

The PS worker's post-adjudication responsibility is one of two: either for work with the entire family if the child has been returned home, or for work with the parents if the child remains out of the home and thus in the domain of the foster care worker. The PS worker may draw outside resources into the case in treatment or consultative roles, but is under no obligation to do so. No later than one month prior to the Dispositional Hearing, a more complete staffing conference is held, at which anyone involved in the case is present. The purpose is to conduct a full review of the case in order to arrive at DSS's recommendations for further treatment. The outcome of the Primary Staffing becomes the Department's position at the Dispositional Hearing.

The agenda of the Dispositional is broader than the issues raised in the initial Petition, specifically: "Is the home ready for the return of the child?" Those who may be present include the Adjudication cast plus anyone who may have input as to the child's or the parents' present situation. Such input is encouraged by PS if it supports the Department's recommendation, or may be had through the *guardian ad litum* (the child's attorney) if variant from PS's position.

The Court's disposition of the case is either return of the child, or continued placement out of the home—usually per PS recommendation. Return home, after four to six months of follow-up attention, is an exit from the PS system. If placement out of the home continues, either a Review or a Show Cause Hearing is scheduled by the Judge. Review is uncommon in the present Noah County judicial process, but would occur if the Judge were convinced that real hope for family reunion persisted pending the attainment of specific goals. The Show Cause Hearing is more common, its purpose being termination of parental rights—making the child available for adoption (Figure 2). The burden of proof rests largely on DSS in a Show Cause Hearing, to show why parental rights should be terminated. Either kind of hearing can be attended by anyone pertinent to the case.

The Review Hearing can lead to return of the child or to a Show Cause Hearing. The Show Cause Hearing usually leads to termination of parental rights, a decision which may be appealed to the County Circuit Court within 90 days. The appeal may sustain or overrule termination. Any time the child is returned home, it is with PS follow-up and or possible referral for other DSS attentions—which may be refused.

Two notes with respect to the Noah County Protective Service process. First, about one out of every four or five PS cases goes to Court; the others are cared for without Court involvement. Second, the role which individual Juvenile Court judges play in PS cases has considerable influence on the PS treatment process. Some judges allow only a year for the PS court process to run its course; others extend the process by increasing the time between hearings or adding a number of review hearings after Dispositional.

Community Services (CS)

Community Service workers' responsibilities include the planning and delivery of services to children between the ages of twelve and nineteen who are adjudicated as delinquent by the Juvenile Court and committed to DSS. Girls are thus committed through Act 183, PA 1925, as amended, known as the Girls Training School (GTS) Act; boys through Act 185, PA 1925, as amended, known as the Boys Training School (BTS) Act. Such children are referred to as State Wards, GTS or BTS Wards, or Wards of the Department. The responsibilities of DSS, and of the CS workers to whom such children are assigned are clearly spelled out in Act 229, PA 1966.

> The Department shall assume responsibility for all children committed to it by the juvenile division of the probate court under the provisions of Act No. 185 . . . , Act No. 183 . . . In order to provide services to children the department may provide institutional care, supervision in the community, boarding care, halfway house care,

> and other child welfare services necessary to meet the needs of such children; or may obtain appropriate service from other state agencies, local public agencies or private agencies (DSS *Service Manual*, Item B-100[2], 1968).

The process by which the Department meets this responsibility is represented in Figure 3.

A second group of children (Interstate Compact Wards) fall under the aegis of community services, although they comprise a small minority of CS caseloads. They are out-state children whose needs seem to be best met by an in-state relative or by some program in the state. Because these children are such a small proportion of the overall CS caseload, their DSS treatment process is not covered in detail.

Most GTS and BTS Wards reside in the youth detention center of the county of jurisdiction when they come under the supervision of DSS, who will in the majority of cases maintain supervisory responsibility until the child turns nineteen. The Department's first step in delivery of services to these children is an Initial Study, or Screening Summary of the child, to be completed by the CS worker within fifteen working days of commitment. The Study includes any information available concerning the child's background from anyone who has been involved with him/her; it also includes input from the parents and the child as to needs to be met by the child's placement as well as observations and opinions by staffs of potential placements. The Initial Study process, then, is eminently appropriate as a point of outside input into the CS proceedings. It is on the basis of the Initial Study that placement decision is made by the CS worker in conjunction with supervisory personnel and the prospective placement.

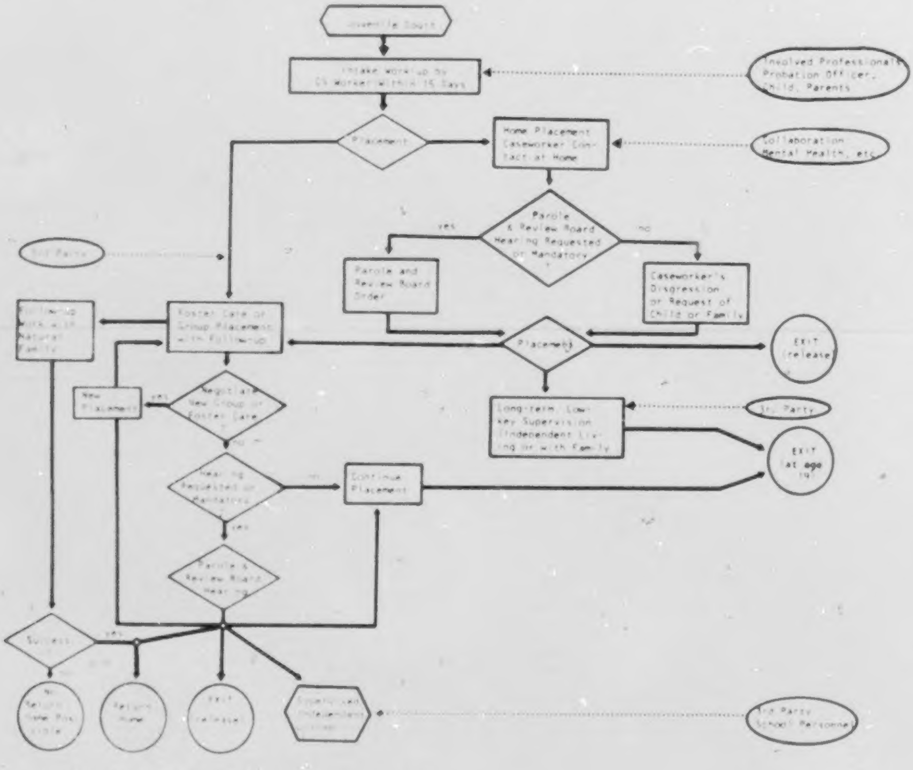

Juvenile Court
Intake Work-up by CS Worker Within 15 Days
Involved Professionals, Probation Officer, Child, Parents
Placement
Home Placement Caseworker Contact at Home
Collaboration Mental Health, etc.
yes
Parole & Review Board Hearing Requested or Mandatory ?
no
3rd Party
Parole and Review Board Order
Caseworker's Disgression or Request of Child or Family
Followup Work with Natural Family
Foster Care or Group Placement with Followup
Placement
EXIT (release)
New Placement
yes
Negotiate New Group or Foster Care ?
no
Long-term, Low-key Supervision (Independent Living or with Family
3rd Party
EXIT (at age 19)
Hearing Requested or Mandatory ?
no
Continue Placement
yes
Parole & Review Board Hearing
Success ?
yes
no
No Return Home Possible
Return Home
Exit (release)
Supervised Independent Living
3rd Party School Personnel

Figure 3. Adjudicated Delinquency Client Processing Pathway

Placement alternatives include natural family, relatives' families, foster family, independent living, state-licensed group home, halfway house, private child-caring institution, camp, training school, the state receiving home, or referral to the State Department of Mental Health for a placement decision. For purposes of this paper, these are separable into home placement (Figure 3), and foster care — including group placements (Figure 3).

The decision to return a child home is made on the basis of the child's needs as perceived by the CS worker vis-a-vis the home as an environment for care of those needs. A decision to return a child home may include other treatment involving some facet of the DSS program or an outside resource. In any event, regular CS worker contact follows the decision, its frequency based on perceived need vis-a-vis current caseload. Several turns of events may take place in the course of CS contact: 1) collaborative treatment with some other resource may begin, 2) a foster home or group placement may be found, 3) a Parole and Review Board hearing may be requested, or 4) CS contact may tail off to follow-up — any of these at the initiative of child, parents, or CS worker. Further trouble with law enforcement agencies occurs frequently and may lead to further judicial restriction of program. The first two are undertaken if the family placement appears not to be meeting the needs laid out in the Initial Study or subsequently evident; the last two if and when need for CS involvement ceases to be critical.

Collaborative treatment, the first possibility, does not represent a substantive change in case status at DSS and occurs in a minority of cases in Noah County. Foster home or group placement, the second, is discussed later and represented in Figure 3. The Youth Parole and Review Board, central to the third turn of events, is a quasi-judicial body created to review cases of adjudicated delinquents. The Board is so new that very few BTS and GTS Wards know of its function or of their right to use it. Nevertheless, a Ward or other interested person may file a petition for a special hearing on the basis of facts which would justify recommendation of significant change in the child's status (DSS *Service Manual*, Item B-621 [2], 1972). The Board may, consequent to a case hearing, order the status of a case continued or altered in any of the ways suggested in Figure 3.

Although a BTS or GTS Ward may be discharged from wardship at any time on a number of grounds (DSS *Service Manual*, Item B-902, 1972), the more probable alternative in Noah County is some form of long-term supervision. So long as a child is in state wardship, he/she has access to state-provided and/or contracted services including the full range of placement alternatives, living allowances, medicaid, training programs, employment counseling, and even college tuition and support. Noah County CS workers maintain wardship, however low-key the supervision, to assure continued access to such resources should it be needed.

CS workers in Noah County are relatively active in soliciting outside input concerning their Wards, particularly because it may provide the only regular, first-hand information about their cases. A State Ward must be discharged on his/her nineteenth birthday, unless involved in an educational program. This, then, is the final exit point from Community Services.

More probable than return home is a Ward's placement in a foster home or group setting — usually the latter. This decision, as represented in Figure 3, makes clear the bifurcation of Community Service work into child-centered on the one hand and parent-centered on the other. The priority is given to the child in Noah, and this together with apparent disinvestment by parents in their children by the time they reach State Ward status and the size of CS caseloads makes "unresponsive to treatment at the present time" the most common parental exit from the CS process.

Group placement is in most cases treatment-oriented. The Wards are encouraged to view their environments in socially-acceptable ways, shaping their behavior accordingly. Thus primary work with them shifts to the placement staff; the CS worker's primary role shifts to that of overseer. According to Noah CS workers, such settings in the state tend to be uniform in their short-term orientation: few keep children longer than six months to a year. Placement administrations, then, pressure the CS workers to move children — based not on their readiness, but on an arbitrarily imposed time limit. There is little variation among group placements as far as intensity of supervision and rigidity of program structure are concerned. Supervision is either intense and program maximally structured, or supervision is relaxed and program minimally structured. Thus new placement means either maintaining the status quo or making the enormous transition to an unstructured program without adequate intervening steps.

Alternatives to further group placement are foster care, return home if the parents appear ready, or independent living. All of these outcomes involve continued supervision by the CS worker, varying in intensity from case to case. Figure 3 illustrates these alternative outcomes as well as possible points and sources of outside input. The Parole and Review Board is available as a means of redress of grievances expressed by child or other interested person. As in the case of a return home (Figure 3), the results of a Board hearing may be any of the possible treatment outcomes.

Discharge at age nineteen may be preceded by multiple changes in status at seventeen. Cases involving offenses committed after one's seventeenth birthday are subject to waiver of jurisdiction by the Juvenile Court and will then be tried in the court with criminal jurisdiction over the case (*The Probate Code*, Michigan Juvenile Court Precedure Source-book, Robert Drake, Ed., 1970, 1972 revision, p. 5). CS workers cannot force a child over seventeen to accept supervision or services. They continue to be available, but used only on a voluntary basis. Further still, "negative response to treatment" becomes a valid rationale for discharge as of a Ward's seventeenth birthday (DSS *Service Manual*, Item B-902, 1972). Thus wardship may not be maintained until nineteen in all cases, increasing the probability of earlier exit from CS.

Adoption Services (AS)

Euphrates Children's Institute (ECI) Wards form a third group of children who are eligible for the same services as BTS and GTS Wards and Interstate Compact Wards. ECI Wards differ from the other two groups in two ways: they are adjudicated neglected or dependent by the courts under Act 220, PA 1925, as amended; and parental rights have been terminated, making them available for adoption (DSS *Service Manual*, Item B-100, 1968). These children, then, have become State Wards as a result of lack of proper care rather than as a result of illegal acts committed by them. The primary objective of the Department's services to these children is not treatment, but a new family — adoption. Other placements are common, but for the most part they result from a need for evaluation and observation or from the inability to locate an adoptive home at the time of placement. The service pathways of ECI Wards are represented in Figure 4.

When a child enters ECI Ward status and thus the AS worker's caseload, he/she is probably in foster care or group placement. The AS worker must complete a Screening Summary within fifteen working days, based on the same resources as those completed by the CS workers. Following the Study, and if a local home is not available, the AS worker registers the child on the Adoption Exchange, a statewide referencing system of children available for adoption. At this point the present placement can be maintained or a new one found, usually with the primary objective of permanent adoption. Such temporary placements may continue or may lead to others before an adoptive family is found.

At least two other alternatives exist. The first, a step taken in cases that appear most difficult to place in adoptive homes, is registration of such cases with the Adoption Project at the state DSS office. The Project's staff undertakes extensive in-depth search for a family, utilizing all conceivable forms of information and publicity. The second alternative is change of a child's status from placement to independent living, state support for which may continue until age nineteen, or twenty-one if formal education is in progress at nineteen.

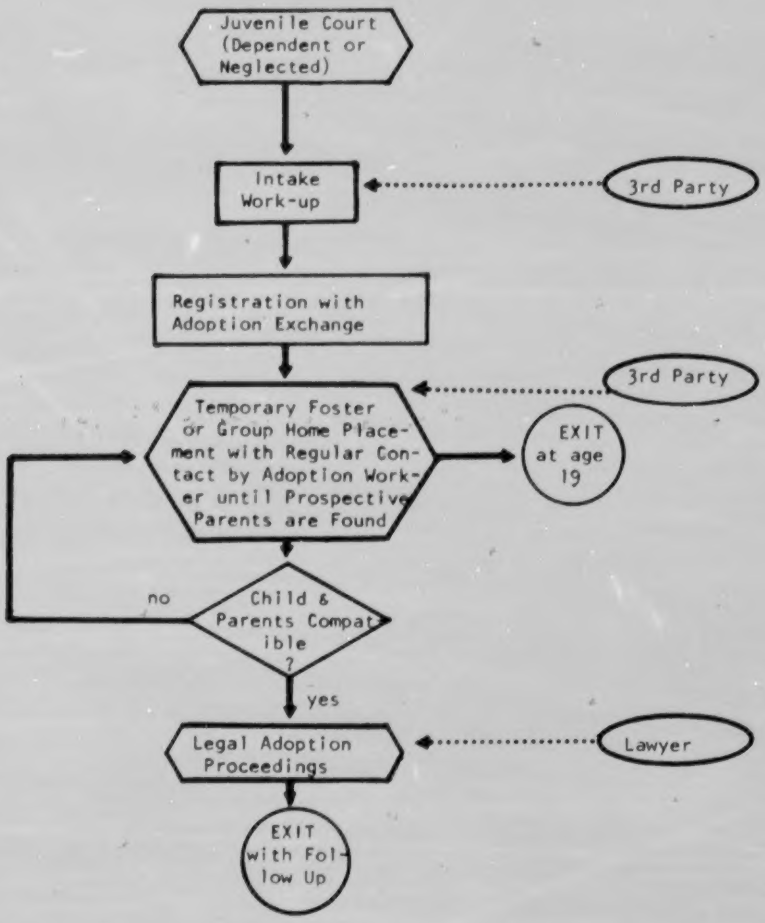

Juvenile Court (Dependent or Neglected)
Intake Work-up
3rd Party
Registration with Adoption Exchange
3rd Party
Temporary Foster or Group Home Placement with Regular Contact by Adoption Worker until Prospective Parents are Found
EXIT at age 19
no
Child & Parents Compatible ?
yes
Legal Adoption Proceedings
Lawyer
EXIT with Follow Up

Figure 4. ECI Wards: Client Processing Pathway.

There are two further elements of the Noah AS worker's job: processing prospective adoptive parents, and carrying out the adoption process. The first, as a service to adults, falls outside of the purview of the present work. The second, however, involves the development of relationships between ECI Wards and prospective adoptive parents, as represented in Figure 4.

This process is essentially a series of contacts of increasing duration between prospective parents and the ECI Ward arranged by them and the AS worker. Initially the worker takes part in the meetings to observe interactions and develop a feel for the fit of parents and child. Any party — parent, child, or AS worker — may terminate or retard the process by expressing feelings of incompatibility or discomfort. If the process continues, however, the AS worker fades out of the meetings altogether. Ultimately, following completion of the legal procedures, the AS worker makes at least quarterly visits to the home for one year. The worker can, and in Noah does, suggest the input of outside resources, particularly if specific problems arise in the family environment. Ninety per cent of adoptive placements made in 1973 were successful. In the event of unsuccessful placement, however, the child reverts to ECI status and reenters the ECI service delivery system.

Employment Services (ES)

The role of the ES worker, new to Noah DSS, is not yet fully defined. The ES process is essentially one of developing a relationship with a child, particularly with reference to the expectations of employers; fitting the child to a job opening in the community, and encouraging the fit of child, employer, and position.

The ES worker's services are for the most part available to three groups of children: BTS and GTS Wards, ECI Wards, and children whose families receive ADC. Some programs and funding arrangements administered by the ES workers are group-specific, but his services are available to all three. Referrals to the ES worker, then, originate with CS, AS, BFS, or occasionally Assistance Payments workers. The ES worker has no caseload per se, but draws cases from others' loads.

The ES worker's task with children focuses on the issues of mastery, trust, and parental attitudes. All three are problematic because the children involved are often so habituated to failure that mastery is virtually unknown, trust is a remote possibility, and parental attitude is often subversive to steady employment.

The ES worker tries to maximize chances for success by emphasizing the realities of employer expectations and by placing children in jobs that are within their capabilities. Concurrently, the ES worker's on-going work with employers stresses flexibility and understanding of children's backgrounds. The issue of jobs to fit capabilities is somewhat ironic because the only positions available are in most cases the most menial labor. Meaningful work with potential for status is hard to find, particularly when a child's record is checkered with experiences which read "unreliable" in neon to an economically-motivated employer. The result is a formidable self-fulfilling cycle which must be broken by the ES worker.

Trust is in most cases closely tied to feelings of success and equally hard to come by. The ES worker draws out the time elapsed between initial contact with a child and job placement for as long as possible, to establish a modicum of trust between him and his client. The client, however, wants a job and the income therefrom, or he/she would not have been referred to the ES worker. Thus time for dawdling over the issue of trust is at a premium.

Parental attitude is critical to a child's job success, according to the Noah ES worker. He finds that parents can be as withdrawn and apathetic, or as erratic as any child, and that through their attitudes parents may encourage a child's failure to "make it."

These three factors: mastery, trust, and parental attitude, are then the basis of the service delivery process. Outside input is minimal because such contact is seen as the responsibility of the child's primary caseworker, not the ES worker. The present rate of success, measured in terms of jobs held without firing, is about 25 per cent in a community which appears to be only marginally committed to meaningful job training. Several training programs funded by state and federal monies and subject to state and federal criteria, are available through the ES worker in Noah, but are not yet used with great frequency. The Noah schools sponsor a co-op program which allows a child to attend school half-time and work half-time. Referral to the program by the ES worker is direct, and the child's employment situation becomes the program's responsibility.

Special Treatment

Another new position not yet fully defined in Noah is that of the Special Treatment worker.

Her present responsibilities are 1) a caseload of twelve to twenty BTS and GTS Wards with whom work is essentially that of the CS workers (Figure 3), and 2) provision of specific aspects of treatment to other BTS and GTS Wards, and to ECI Wards, such as diagnostic/prescriptive evaluations or intensive family work. Other responsibilities are under consideration, such as referral of a crisis case from the foster care worker for intensive treatment of child, foster parents, or the entire family. Group work with such orientations as parent effectiveness training is also possible. The training and skills of the Noah Special Treatment worker together with the flexibility of the role make the position one of great potential.

Foster Care (FC)

DSS Foster Care is available to several groups of children: primarily ECI Wards (Figure 4), GTS and BTS Wards (Figure 3), and ADC eligible children removed from their parents' homes in the course of a Protective Service case (Figure 2). Several other groups are eligible, but comprise a tiny fraction of foster care work in Noah (DSS *Service Manual*, Item D-210, 1970). Foster care for ECI Wards and GTS and BTS Wards is the responsibility of their respective workers. Foster care for Protective Services' children and other, ADC-eligible court-involved children, however, is the responsibility of the Foster Care worker in Noah.

Foster Care goals, as specified by the *Service Manual* and echoed by the FC worker are return of the child to his/her natural home, adoption, or planned permanent foster care — in that order of priority (DSS *Service Manual*, Item D-220, 1970). Specifically in terms of the FC worker, these goals become one: provision of whatever temporary care and support are necessary to meet the child's needs pending permanent placement.

Referrals to FC come by way of a court order resulting from a petition filed by Protective Services. An initial placement must be made immediately, limiting the opportunity for outside input. The FC worker may, but is under no obligation to, seek input from PS workers, doctor, school personnel, court case worker, and/or the child. Generally, the placement decision is between a foster home and a larger group setting — technically both are foster care. Factors that weigh in this initial, immediate decision include sibling constellation (seldom can a foster home take more than two siblings), location of potential placement with reference to schools, race of the child, and perceived coping strengths and weaknesses of the child and the placement. Enter a fifth, though unspoken, variable: the attitude and practices of particular judges. Some are more willing than others to extend a child's status as a Temporary Ward of the Court — that of all children on the FC worker's caseload — for treatment against short-term custodial foster care. Although it is the FC worker who must weigh these factors, FC decisions in Noah County frequently depend heavily on supervisory counsel.

Initial placement of the child is but the beginning of the FC process. Once a placement decision is made in Noah County, it is maintained in all but dire circumstances. Practically, this has two effects. First, it places enormous demands on the FC worker to make the placement "successful" at high cost. A great deal of work is done with foster parents and children with this end in view. Such energy is consumed by this work that little remains to explore or experiment with alternatives. Second, the impact of later information about the child is limited. Seldom does such input seem to lead to substantive change in the form of new placement.

Efforts to make the placement work may focus on the child, the foster parents or placement staff, or the fit of the two. The FC worker is also responsible for arranging and overseeing parental visitation when relevant. Outside input may take the form of supervisory counsel or consultation with other Social Services staff, school, day care or other resources pertinent to the case. Only in PS cases is the FC worker obligated to take part in regular staffing conferences which assure such input.

Ultimately an FC case may be closed, whether by return home or adoptive placement, or by court termination of parental rights — making the child an ECI Ward.

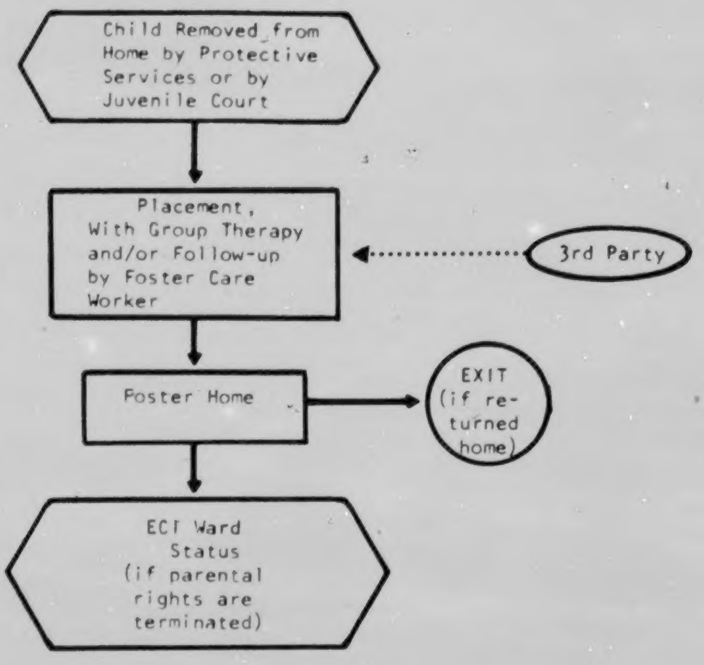

Child Removed from Home by Protective Services or by Juvenile Court
Placement, With Group Therapy and/or Follow-up by Foster Care Worker
3rd Party
Foster Home
EXIT (if returned home)
ECI Ward Status (if parental rights are terminated)

Figure 5. DSS Foster Care: Client Processing Pathway.

Foster Care Licensing

The licensing of foster homes is carried out by a separate worker. The guidelines for licensing are spelled out in *Foster Family Homes: Rules and Regulations for Inspection and Licensing* (DSS Publication 10, Revised 1971).

Halfway House

The Noah County DSS has been authorized and funded to run a halfway house for twelve adjudicated delinquent males. Initial attempts to launch the house into operation met with considerable unforeseen difficulties, so at present the house is not operational.

Day Care Services (DCS)

Day Care Services in Noah County comprise one side of a bipartite supervisory unit known as Child and Adult Care (Figure 1). The child care staff is made up of a DCS Intake and Processing Worker and four DCS caseworkers. The legal bases for the program are found in Sections 402 and 425 of the Social Security Act, and Section 400.14, ECL 1948, as amended (DSS *Service Manual*, Item A-400, Revised 1971).

In a sense, DCS stands alone among state Social Service programs in that a wide range of services are available to any parent, irrespective of eligibility criteria. These services range from information about day care resources in the community to actual choice, arrangement, and assessment of a day care placement for children should such assistance be requested. The only services which turn on financial eligibility are medical examination and actual payment for day care (DSS *Service Manual,* Item A-400 [2-5], Revised, 1971).

Requests for Day Care Services may come from a number of sources, including a DSS client — either directly or through a Service Intake, Assistance Payments, BFS, or PS Worker. The DCS Intake and Processing Worker receives all requests for service, regardless of source. Such requests are initially processed in one of three ways in Noah County. First, a call may be a request for day care information, leading to indirect referral on the basis of a day care resources file kept by the Intake and Processing Worker. This, then, is an exit from the Day Care Services process. Second, a call may come from a prospective client actually requesting services. In Noah County, such a call leads forthwith to a screening of financial eligibility. Considerable discrepancy exists, then, between the day care services mandated in the *Service Manual* and those offered in Noah County. Eligibility criteria are invoked in Noah County to screen recipients of all but the most elementary information service. Third, a Social Services worker may refer a current client for DCS. In this case, eligibility is predetermined.

Regardless of where in the day care delivery process the state's eligibility criteria are brought to bear, they screen for three eligible groups: 1) families receiving ADC, 2) families eligible for ADC, and 3) other low income families. The first group is self-explanatory. Eligibility for this and the second group is determined as elsewhere in the agency (see above). Families in the second group must apply for ADC to receive DCS unless they are also eligible under the third category. Day care may be provided while the ADC application is pending. Criteria for the third group are unique to DCS. They are represented below.

Family Size	Net Biweekly Income Exempt From Day Care Assessment	Amount of Biweekly Day Care Payment Assessed Client
2	$105	
3	122	Net Incomean
4	139	
5	156	Excess of Exempt
6	173	
6+	$173 + $17 per person	Amount

Need = (Biweekly Cost of Care)   (Biweekly Payment by Client)

Day care requests from other Social Services workers are in most cases for reasons of health and well-being of the child as well as financial needs of the family. The DCS intake and processing worker screens all such requests, analyzing the reasons vis-a-vis the type of day care requested. This screening is not so much to determine whether day care is to be provided as to be certain that the type of care requested makes the most sense.

Following this screening the intake and processing worker registers the case with the state Social Services office, and the decision as to type of day care is confirmed. Five sorts of care are accepted for state payment. They are 1) child care aide — an adult who enters the home to care for the child, 2) child care home — a private home licensed to provide care for a given number of children, 3) day care center or nursery school, 4) certified relative — a direct relation certified by the state, and 5) after school supervision in the form of a child care aide or home, available until the child is fourteen years old.

The decision as to type and particular setting of day care usually includes input from parent(s) (less than two per cent of Noah County's DCS population have a father present in the home), other Social Services workers involved with the case, and supervisory personnel if agreement is not reached among workers and parent(s). Only when parent(s) have not planned or cared for children, as in PS and some BFS cases, does DSS pre-empt their opportunity for input. At this point in the process, the intake and processing worker must provide for a medical examination of the child (DSS *Service Manual*, Item A-400 [4], Revised 1971). If the child has not been examined in the last twelve months, a physical must be obtained either by the parent(s) or the worker. The county Health Department is often the provider of such service.

These steps of the DCS process complete, the case is passed to the Child and Adult Care supervisor for assignment to one of the four DCS caseworkers. The minimum on-going service by the DCS worker is quarterly visitation of the day care setting to observe the child, to assure developmental progress and adequacy of the setting in meeting the child's needs, and to update eligibility information about the family. A written summary of these visits is required by the state (DSS *Service Manual*, Item A-400 [16], Revised 1968), taking the form of quarterly dictation in Noah County.

More involved services available through DCS, should a quarterly visit or other contact suggest the need, include 1) volunteer services through the Volunteer Services Coordinator and overseen by the primary worker in the case (BFS, PS, or DCS), 2) evaluation of the child, whether psychological, educational, medical, or other arranged by the DCS worker, and 3) more frequent visits to the day care setting and/or the home. There is considerable variation in the comprehensiveness of service provided by individual DCS workers. Input into a decision to expand the day care program in any of these ways may include any Social Services workers involved in the case, the staff of the care setting, parent(s), and/or supervisory personnel. The DCS worker is not obligated to seek or accept such input, and parent(s) may refuse expansion of the day care program. Coordination between DCS and other services provided to a family takes place informally, there being no formal procedures built into the system.

Exits from the DCS process are primarily three: 1) improvement in the home environment in terms of its meeting the child's needs and/or 2) amelioration of the family's economic situation making them ineligible for Social Services day care, or 3) worsening of the home situation to the degree that foster care becomes necessary, in which case day care may or may not be terminated.

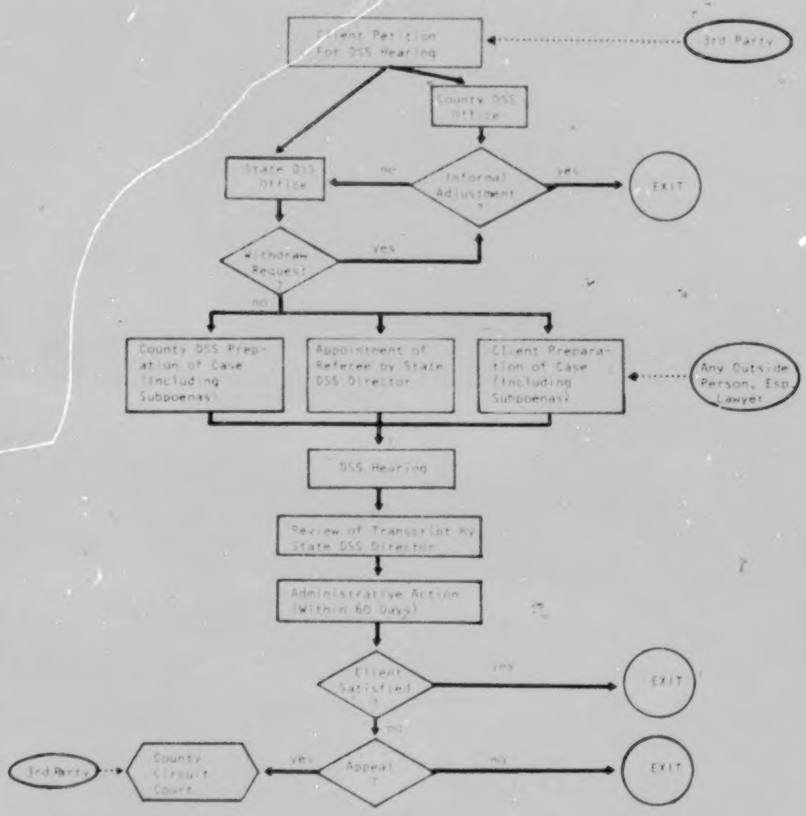
Volunteer Services

County funds provide for a Volunteer Services section of the Service Unit. Staffed by a Volunteer Coordinator, the section's services may be part of any of the DSS delivery processes described above. Thus Volunteer Services does have a caseload of its own but makes up part of services delivered to other worker's cases.

Volunteers may provide services from transportation to long term parent training in collaboration with Service Unit staff. Responsibility for supervision of volunteers may rest with the Volunteer Coordinator or the primary worker in the case, depending on the extent of the service. The more integral is the volunteer in the treatment process, the greater the probability for supervision by the worker responsible for design and implementation of the process.

Department of Social Services Hearings

"Any person who is dissatisfied with any action or failure to act by the Department which affects him has a right to a Departmental hearing before a representative of the State Director of the Department (DSS *Service Manual*, Item B-110, 1972)." Thus any Social Services client may, at any point in any of the service delivery pathways represented in Figures 2 through 5, request a Departmental hearing. The hearing process is diagrammed in Figure 6.



Client Petition For DSS Hearing
3rd Party
County DSS Office
State DSS Office
no
Informal Adjustment ?
yes
EXIT
Withdraw Request ?
yes
no
County DSS Preparation of Case (Including Subpoenas)
Appointment of Referee by State DSS Director
Client Preparation of Case (Including Subpoenas)
Any Outside Person, Esp. Lawyer
DSS Hearing
Review of Transcript by State DSS Director
Administrative Action (Within 60 Days)
Client Satisfied ?
yes
EXIT
no
3rd Party
County Circuit Court
yes
Appeal ?
no
EXIT

Figure 6. Dissatisfaction Hearing: Client Processing Pathway.

Any client, whether minor or adult, may request a hearing orally by telephone or in person, or in writing. Such request may be made at the county, regional, or state level; written rendition of the request is forwarded to the state office regardless. The issue may be resolved through informal adjustment prior to involvement of the state office if this is satisfactory to the client. The client may withdraw his/her hearing request at any time, but may not be coerced into doing so.

If the request stands, the state Director of Social Services appoints a referee to act as his representative at the hearing. Concurrently, the client and the county office prepare their respective cases. Despite the development of a proceeding which is essentially adversary in the legal sense, the Department continues to presume certain obligations to assist the client in case preparation. Among them are 1) further explanation of the rationale for the disputed (in) action, 2) advice as to what information will be requested of the client at the hearing, 3) advice as to legal services available in the community, 4) transportation expenses for the client and any essential witnesses, and 5) child care expenses. Conflict of interest, then, is inherent in the Department's hearing process.

Both the county office and the client have the power to subpoena witnesses and/or information through the Legal Liaison Bureau in the state DSS office. A transcript of the hearing is made, to be reviewed by the State Director; administrative action resulting from the hearing must be taken within 60 days of the hearing date. The client may appeal the decision to the County Circuit Court within 30 days (DSS *Assistance Payments Manual,* Item 630, Revised 1972).

State Social Service regulations require that every applicant for, or recipient of, assistance payments and/or services be informed of his/her right to a hearing (DSS *Assistance Payments Manual,* Item 630 [6], Revised 1972). This informational obligation is met only haphazardly in Noah County: there were only fifteen to twenty hearings in the county during 1972-1973 fiscal year compared to 320 in a demographically similar neighboring county. Thus while the Noah County DSS claims to welcome challenge in the form of hearings, such confrontation is hardly encouraged.

III. CASE RECORDS AND CONFIDENTIALITY

Records

The state DSS requires that records be kept on any case opened by local offices such as Noah County. Precisely what information is to be recorded, when, and how is specified in the *Assistance Payments Manual* and *Service Manual* and audited periodically by state Social Services personnel. Most DSS clients receiving any of the services heretofore described have at least two sets of Social Service case records: assistance payments, and services. They include different material, are maintained according to different regulations, and bear little relation to one another.

Several types of information are found in the Service Unit records. The first is financial information: for the most part record of payment by the state or county for day or foster care, medical care, or services contracted for with another agency. The second element is information regarding case status: service category, actual services provided past and present, pending requests for services. Records also include narrative reports of caseworkers' perceptions of the dynamics to the client's life. Some of this clinical interpretation appears on state forms, but for the most part it is found in periodic narrative accounts dictated by the caseworkers.

That part of case records which is comprised of state DSS forms is usually up-to-date; narrative dictation, however, is not. Herein lies the importance of the fourth element of Service Unit records, caseworkers' private notes. It is these running accounts, with all of their worker-to-worker variations in form and content, that make up the real substance of case records in the Service Unit. A great deal of the information contained in the notes never reaches the case records.

Confidentiality

The legal bases of the Department's confidentiality policies are summarized in Item 620 of the *Assistance Payments Manual*. In general,

> . . . all records relating to persons applying for receiving or formerly receiving . . . Department *services* . . . shall be used or released only for purposes directly and specifically related to the administration of the . . . program (DSS *Assistance Payments Manual*, Item 620[3], Revised 1969).

The *Manual* interprets this statement differently as it applies to each of four groups: 1) government officials, 2) public and private agencies, 3) the general public and 4) clients.

Ultimately, the practical application of the Department's confidentiality regulations is at the discretion of individual case workers and supervisors. There is thus considerable variance among cases and workers as to what material is confidential.

D. FACTORS INFLUENCING SERVICE DELIVERY AT THE NOAH COUNTY DSS

[illegible] factors influence what services are delivered, how, and by whom in Noah or [illegible]. The way and degree to which these factos affect service delivery varies among [illegible] and state offices.

Factors Originating at the Federal Level

At the federal level, Congress and the Department of Health, Education, and Welfare (HEW), play a major role in shaping service delivery. Congress sets the tone of Social Services programs through enabling and funding legislation. Social welfare programs must vie for priority with defense, [illegible] transportation programs — to name but a few. Such competition must be based in terms of both philosophical and economic priorities. Either without the other severely undercuts the ultimate delivery of social services. Philosophical priorities are represented primarily in enabling legislation, the economic, in annual budgetary considerations. Variation as slight as one per cent in the federal-state dollar matching formulas can radically alter the local impact of programs.

It is HEW that must make operational sense of broad legislative mandates. Thus, HEW in turn further sets the tone of locally-delivered programs by reducing to more specific terms the objectives to be pursued and the methods to be utilized by public welfare agencies. Compliance with HEW mandates is critical to states' eligibility for federal matching funds.

Factors Originating at the State Level

The issues of philosophical and economic priorities are again critical at the state level. As at the federal level, the states must legislatively mandate and fund programs, and although the programs must meet federal guidelines, HEW leaves considerable latitude for state definition and interpretation. Further, the formulas for fund-matching are set at the federal level, but the amounts on which the formulas are based are the states' dollar contributions.

It is also at the state level that the Department of Social Services' *Assistance Payments Manual* and *Service Manual* are written. The manuals include the goals and objectives, operational procedures and requirements, and service standards which govern delivery of social services. The manuals are dynamic: some portion of them is always undergoing modification. Such alteration may further restrict caseworkers or may free them to exercise their prerogative in service delivery. The manuals, then, provide the operational expression of federal and state philosophical priorities with procedural information and requirements to shape the ultimate service delivery.

Factors Originating at the Regional Level

Factors which influence service at the regional level are primarily interpretation of the manuals in terms of the actual delivery and administration of services, and the roles played by the regional staff in support of service delivery personnel. The guts of the regional staffs are Specialists in Protective, Basic Family, Children and Youth, and other services. The training and backgrounds of these specialists may lend themselves to active consultative roles with county personnel, or to more office-bound administrative ones. Likewise the skills and attitudes of the specialists have great influence on how services are delivered locally: in time-honored, traditional, manual-specified ways, or in more flexible, locally-conceived ways. The specialists' views of their roles vis-a-vis the local offices is critical to how they make their skills and attitudes felt: they may view themselves as authority figures with the power to impose policy on the local offices, or as consultants who can work to influence service delivery policies, but must leave decisions in the hands of service delivery personnel.

Factors Originating at the Local Level

At the county or local level the skills and attitudes of supervisory personnel from the Director to Unit and line Supervisors all influence the ultimate service delivery by caseworkers. Many of the role variables that are critical for regional Specialists are equally important as they apply to local supervisory personnel.

Creative problem-solving by workers may be encouraged, or the state office and the manuals may be accorded such omnipotence that workers are expected to simply do as they are told, accepting the status quo at every turn. Whether workers can take creative initiative in their work or are strapped into strictly-defined roles depends on what skills, attitudes, and values are communicated and supported by local supervisors. Whether caseworkers in fact take such initiative is further influenced by their own skills and attitudes. Two different individuals in apparently identical roles may play them very differently, each according to his/her skills, attitudes and experience.

Application of the Noah County DSS Models

Finally, a note of caution with regard to generalization and application of the specific Noah County service delivery pathways previously delineated. The risk of inaccuracy through generalization proliferates with every factor — from the level of individual worker to that of federal government — that must be weighed to accurately define service delivery in a given case at a given time. The service delivery models which have been extrapolated from participant-observation in Noah County can be applied only tentatively to the operations of other social service or welfare offices — always with sensitivity to how the critical process-determining factors may vary in definition, influence, or configuration.

THE TREATMENT OF DEVIANCE BY THE RELIGIOUS INSTITUTIONS: HISTORY

by

Daniel Pekarsky

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I. INTRODUCTION

Welfare provisions in America are either under public or private auspices. Within the private sector one may further distinguish between organizations that are under non-sectarian auspices and those that are under sectarian or religious auspices. This paper will be concerned exclusively with the latter class of organizations, that is, with welfare provisions under religious auspices. The designation "religious" or "sectarian," it should be noted, refers only to the fact that the organization so described is in some sense sponsored or controlled by individuals or organizations that share interest in a given denomination or religion; it does not necessarily imply anything about the content of services provided, the religion of the clients served or of those serving them, or the aim of treatment programs. On the contrary, the "sectarian" character of "sectarian-sponsored" welfare organizations has varied considerably in the course of their evolution and is often problematic to the sectarian communities themselves.

As a result of massive government involvement in the problems of human welfare, sectarian-sponsored welfare efforts have dwindled in importance as compared with just a hundred years ago; however, they continue to constitute an important part of what may be loosely described as the 'social welfare establishment.' This is especially true in that sphere of activity with which this study will be primarily concerned, namely, child-care. Some statistics may help to accent this point. According to William J. Reid (1971, p. 1157), residential institutions for children, representing "the single most important arena for the practice of sectarian social work," constitute 40 percent of all such institutions, the other 60 percent being controlled by the public (32 percent) and by non-sectarian private organizations (28 percent). In terms of volume of service, in 1966, the 987 sectarian-sponsored institutions that constitute this 40 percent figure cared for 57,000 children, better than half of the total number of children receiving institutional care during this year.

But although such statistics impressively demonstrate the continuing significance of church-sponsored efforts in child-care, they need to be broken down further if their significance is to be intelligently appraised. For although the 987 facilities include institutions for emotionally disturbed children, and for mentally retarded or physically handicapped children, a significant majority (687) are institutions for dependent and neglected children. Indeed, in the latter area, sectarian-sponsored institutions constitute a full 55 per cent of the national total.

The large number of institutions for dependent and neglected children bears witness to the mobilization of the resources of America's major religious groups during the high-tide of immigration in the nineteenth and early twentieth centuries. It reflects not only the material circumstances and the religious and ethnic concerns of the immigrants, but also the fears and the ideals of the dominant, Protestant population into whose midst the immigrants came. This very general statement will be elaborated on in the course of this paper, which will attempt to describe the development of sectarian welfare systems in this country with special reference to the area of child-care. Although their prominence in this development makes the institutions for dependent and neglected children a primary object of study, they do not constitute the totality of the sectarian effort in child welfare. On the contrary, in the course of its development, the religious-sponsored welfare enterprise has given rise to a variety of child-care forms representing a number of distinct and not always compatible ideals. This paper will examine this development in the light of the circumstances giving rise to it.

This task is, however, complicated by the fact that religion in America is not, after all, a monolithic phenomenon. In particular, historical trends in social welfare among Protestants, Catholics, and Jews respectively are sufficiently different as to warrant separate treatments. On the other hand, each of these groups, so far as it has developed special-purpose institutions distinct from churches (and synagogues) for the purpose of serving those in need, has had to define its position with reference to certain basic issues that pertain to the private and sectarian status of such institutions. Within all three groups these issues have been, and continue to be, the subject of much debate. As a prelude to the three historial accounts to be presented, some of these issues may be briefly described.

The public and the private realms. As private institutions, how do sectarian welfare organizations view government involvement in their areas of concern? Should the private agency retreat from a given field when government assumes major responsibilities for it, or does it have a continuing responsibility in this area? Related to this, does the private agency see itself as pioneering paths that eventually should and will be travelled by publicly controlled institutions; or, does it seek to provide services that are qualitatively different from any which the government will ever sponsor because of the character of its commitments?

The church-state problem. Related to the preceding question is the question of whether it is legitimate for agencies under sectarian auspices to receive public funds to finance their work, or whether, on the contrary, this constitutes a violation of the separation of Church and State clause in the First Amendment of the Constitution. Even if, as has been the case, the government agrees to provide funds to sectarian-sponsored agencies, these agencies must still decide whether *they* are willing to accept such money. What effect will receipt of government funds have on the autonomy of their enterprise? Will the modifications required of them by acceptance of government money be consistent with their conception of their role? For example, as beneficiaries of public funds, will sectarian agencies feel free to engage in criticism of public policy, in the tradition of Biblical prophets, or will their voices be stifled by the fear of alienating their powerful benefactor? And given the fact that sectarian agencies are doomed to a minor role in the absence of government support, should they drop out of the welfare field (thus allowing the churches to use their scant resources in other ways, e.g., social action programs) or should agencies modify their conception of their role in order to be eligible for public funds?

Particularism-universalism. Perhaps the most fundamental, this problem involves several orders of questions. For example, 1) Should sectarian agencies serve only members of the founding group or do they have a responsibility to other individuals as well? In the nineteenth century, when Catholic and Jewish immigrants tended to band together according to nationality, the question was whether services should be provided for all members of the religious group regardless of nationality, or, on the contrary, confined to members of the founding national group? The corresponding problem within Protestantism is whether, e.g., a Lutheran agency should be open to non-Lutheran Protestants. In recent years, the most important expression of the same issue has been in the conflict between those who believe that the sectarian agency should only serve members of the sponsoring religious group and those who belive that it should serve all individuals regardless of religion. 2) Should treatment-programs provided by sectarian agencies embody distinctively sectarian concerns and values, or should they fall into line with the secular models of care which are present in the dominant, extra-religious culture? 3) Inasmuch as promoting human welfare is an expression of the religious impulse to charity, should the helpers manning sectarian agencies be 'professionals? Will professionalization eat away at the spirit of charity that is supposed to animate the enterprise, or is it possible for the spirit of charity and professionalism to co-exist or be united in the same enterprise? Related to this are questions concerning the role of the volunteer and the untrained worker, on the one hand, and questions relating to the hiring of staff that are not members of the religion represented by the agency, on the other.

Needless to say, such issues are interrelated in theory and in practice. They have been raised again and again in the course of the evolution of sectarian welfare systems, receiving different answers at different times in accordance with the concerns of the sponsoring groups and the pressures impinging on them. Although, as will be seen, the trend among all three groups has been in the direction of acceptance of public funds, professionalism, and universalism, the continued discussion of these issues today suggests that many are uncomfortable with these resolutions, and that, under certain circumstances, there might be a swing in the other direction. In any case, these issues define important perspectives from which to view the development of sectarian welfare systems. With the exception of the Church/State issue, which will be dealt with in a separate section, the accounts to follow may be construed at least in part as an examination of different resolutions of these issues in response to changing circumstances.

In considering the movement from particularism to universalism, stress will be placed on the increasing openness of sectarian welfare agencies, and child care agencies in particular, to individuals belonging to religions that differ from those of agency sponsors. The movement in this direction has been accompanied by a secularization of the sectarian welfare enterprise; that is, agency ideologies and practices no longer embody the religious concerns and outlooks of their founders and, more importantly, distinctively religious symbols and categories no longer are used to characterize significant aspects of agency programs and ideals. Although transformations of this kind involve departures from traditional religious forms and perhaps also from traditional conceptions of religion, this need not imply a departure from religion as such. That is, one need not limit the concept of religion to a certain historical form of religion and divergence from a given form need not be interpreted as divergence from religion. If one considers religious traditions not as fixed wholes but as evolving phenomena, in which elements of continuity and change are dynamically related to one another and to the character of the world at a given point in time, secularization can be viewed as a stage in the development of the religious consciousness and its institutional embodiment, and not as antithetical to religion. However, with prominent exceptions, this report tends to view the secularization of the sectarian welfare enterprise as a departure from a religious framework. But it should be kept in mind that other interpretations are possible. In either case, the important point is that sectarian agencies have ceased to provide a qualitatively different program from those provided by other agencies, and are responsive to the same pressures as these other agencies (with, in most cases, relatively little input from their respective denominational organizations and communities).

II. THE PROTESTANT EFFORT IN SOCIAL WELFARE

The Pattern of Protestant Involvement

The decision to begin with the Protestant effort in social welfare is based on the consideration that, for much of American history, Protestantism was the dominant religious mode; other religions, i.e., Catholicism and Judaism, were viewed as alien and suspect. Not only did Protestants constitute the overwhelming majority of the population; a distinctively Protestant ethos — or, in any case, an ethos remarkably at-one with Protestantism — has permeated American social institutions since colonial days. This ethos, which will be considered shortly, was deeply embedded in the society into which large numbers of Catholic and Jewish immigrants came in the nineteenth century, a fact that is of great importance for understanding their efforts in the area of social welfare. Thus, discussion of Protestantism will provide the background requisite for understanding the activities of Catholics and Jews in this country, indicating the cultural context which necessitated the elaboration and evolution of characteristic pre-American forms of care-giving.

Protestant Diversity

Description of the evolution of the Protestant welfare enterprise cannot take the form of a history of a developing system, because there exists no such "system (Stidley, 1944, p. 125)." Indeed, the important question in connection with Protestantism is why such a system has failed to develop. One answer to this question, perhaps the most obvious, is that Protestantism at every level tends to show an antipathy to organization and integration, diversity being the rule. To begin with, there is no structure that includes all Protestant sects; there are, it is true, organizations in which many Protestant denominations share membership, but these organizations have no authority over the participating denominations. Separated from one another through different origins, historical accidents, and doctrinal differences, the different denominations tend to represent independent patterns of behavior and belief, each jealously guarding its autonomy (Stidley, 1944, p. 124). In Protestantism, there are only churches situated in different denominational traditions. That is, whereas a single ecclesiastical structure comprehends the totality of Catholicism, Protestantism has no all-encompassing, unifying structure. On the contrary, "Protestantism" refers to a cluster of mutually independent religious structures.

But if it is a mistake to regard Protestantism as a monolithic enterprise, it is equally a mistake to regard each denomination as representing a unified set of activities and beliefs. On the contrary, denominations differ in the degree of organization and integration among constituent churches (Coughlin, 1965, p. 16). In some, there is an authority structure or some other mechanism of control which ensures a substantive unity among member churches; but in others there are only looser forms of association, which allow for side variation in the practices of member-churches. At yet a third level, within individual churches, in some denominations the "priesthood of all believers" translates into the view that the minister is only the "first among equals," and that, therefore, his views are no more obliging than those of any member of the congregation (Coughlin, 1956, pp. 16-17).

It is no accident that Protestantism presents this chronic disorganization. The very same beliefs that establish the commonality of the various Protestant groupings — respect for the conscience of the individual (denomination, church, or individual), the antipathy to mediators between the individual and God — make it difficult for Protestantism to present a united front for purposes of action (Coughlin, 1965, p. 16):

> The dilemma arises out of Reformation theology, which excluded a sacramental system for the communication of grace at hands of ecclesiastical, sacerdotal authority. This exclusion followed from the exclusion of organized authority and shifted the religious center of gravity from salvation and justification to 'personal subjective conviction' and 'the emotional experience of a sense of sin and of peace of heart.'

> In this way, Protestantism opened the door to the spiritualists and invited in an individualism that not only had no need for organizational structure but also opposed it.

Protestant diversity has at least two major consequences that concern this paper. The first is that, as noted above, it is difficult to represent Protestant welfare provisions at any given point in time as a single phenomenon; different denominations and different groups within given denominations have evolved different patterns of activity representing different doctrinal positions and historical contingencies and animated by different concerns (Stidley, 1944, p. 125; Barnes, Vol. I, p. 1). Thus, for example, a *Survey of Protestant Social Services in New York City* noted that (Cayton, and Nishi, 1955, p. 69):

> This important group of religious bodies has no generally accepted philosophy of social work under religious auspices, or of relationships to community agencies and public welfare services.

As Cayton and Nishi (p. 67) suggest,

> There is no single Protestant approach to the field of social welfare . . . There exists today the feeling among the various churches and groups in the various churches that churches should not engage in social work; that Protestants should have a distinct position in the field approximating that of Catholics and Jews; that the churches should supplement the social work structure by meeting new needs and by experimentation; and that Christian motive finds its social expression through voluntary participation by members in activities and agencies that are conducted under secular auspices.

As a result of the absence of any consistent pattern of social services among Protestant groups, the attempt to describe the historical and contemporary efforts of Protestant organizations in social welfare will be limited to a consideration of very general trends and directions that seem characteristic of a great deal though by no means all, of Protestant activity. Although this kind of analysis may provide a general understanding of certain common concerns and patterns, it will not allow any significant inferences as to the existence or pattern of services characteristic of, e.g., a Lutheran child-caring institution in Michigan.

Protestant diversity is not only a problem for one who would describe Protestant involvement in social welfare, but is a complicating factor for those who are involved in the welfare enterprise. Diversity and disorganization have had important consequences for the character of Protestant welfare activities, and have at various points been of great concern to Protestant welfare leaders (e.g., Cayton and Nishi, 1955, pp. 60-61). Indeed, one of the tensions characteristic of the history of Protestant social services is between the autonomy and individuality of individual organizations and the need to federate in the service of more efficient service or greater power vis-a-vis legislative bodies and extra-sectarian funding groups. Thus, Protestant diversity is not only an obstacle to describing the history of the Protestant welfare effort, it is an important element in this history (See Stidley, 1944).

Common Features Among Protestant Groups

Although doctrinal positions differ from denomination to denomination, there are certain characteristic tendencies in Protestant theology which cut across the different denominations. Whether they be considered causes, consequences, or symptoms of the breakdown of the medieval world and the rise of nation-states and capitalism, the theological tendencies expressed in the Reformation have been of profound importance in justifying, and sometimes in shaping, certain basic attitudes and patterns of behavior in countries where Protestants have predominated. These tendencies are reflected both in church-sponsored social service provisions and in a variety of public and nonsectarian provisions in countries like the United States (Kohs, 1966, p. 142). At this point, it will suffice to briefly note what these theological views are and the kinds of activity and inactivity which they have tended to justify or enjoin.

In contrast to the traditional Catholic view, Reformation theology advanced the view that salvation is by *the grace of God alone and that its attainment is therefore totally* independent of good works (Coughlin, 1965, pp. 19-20; Kohs, 1966, p. 139). According to the Doctrine of the Elect, or Pre-Destination, what one did in this world could in no way influence one's ultimate fate, for the love of God is a freely given gift, and He cannot be cajoled or bribed by the good works of aspiring human beings. By thus severing, or at least profoundly attenuating the connection between salvation and charity, Protestant theology undermined one of the principle motivations for performing deeds of charity. Indeed, from this point on, by and large, egoism and altruism were to go their separate ways, whereas under the old medieval regime contributing to the happiness of others was regarded as conducive to one's own ultimate well-being, under the new regime this was not true. In spite of the efforts of such eighteenth century moralists as David Hume and Bishop Butler to prove that altruism remained consonant with egoism, the performance of good works was of far less significance within Protestantism than it had been and remained within the Catholic Church.

The effort to separate salvation from good works was an attempt to cast aside the view that charity was justified by rewards, and to replace it with a more disinterested, less self-serving, motive to charity: one ought to love others, not because it "pays" to do so, but in obedient response to the love of God (Haskell Miller, personal communication, 1973). The Doctrine of the Elect was an effort to promote this viewpoint. For according to this doctrine, individuals were predestined to be saved or damned, and their destinies could not be altered by their actions. At most, their conduct in life could serve not as a cause but as a sign of their "Election" to Salvation. Thus, at one level, since election was already decided, self-interest could not be served by good works. At another level, however, the idea that good conduct was a sign, if not a cause of salvation, served to reinstate the relationship between good works and salvation. If, before, good works were performed in order to earn salvation, now they were performed in order to assure oneself and others that one already was among the saved. In this sense the attempt to divorce good works from self-interested concerns was only partially successful. Although Protestantism thus, in practice, reinstated the dissolved connection between Charity and Salvation, Charity did not thereby regain the central place it had in Catholicism. This was largely because, within Protestantism, it was viewed as only a single element in a composite picture of the Good Man (one of the Elect), and in the long run other elements in this picture would be of decisive importance. According to the new theology, the Elect could be picked out by their worldly or material success: God's Chosen Ones are those who thrive in this world, who attain to positions of wealth and power through the efficient use of their time and energy, through their willingness to control distracting impulses and to delay gratification in the service of productivity, and through their thriftiness and ambition. Industry, thrift, and efficiency — these were the crucial virtues of the Elect. Meritorious conduct in one's relation to others was also important, but its significance was profoundly colored by an attitude towards the poor and needy that was a consequence of the composite ideal. The poor, after all, were not among God's loved ones, for they failed to thrive in the world (Miller, 1961, p. 42). Regarded as morally inferior and contemptible, their poverty was viewed as their own fault, as a consequence of their laziness and indolence; to be poor under the New Regime was to be shameful. Although providing for the poor might serve to assure oneself and others that one is among the saved, the new theology allowed for this demonstration of one's good character to take a form that was patronizing and paternalistic, and which, in a fundamental way, established the superiority of the giver to the recipient. Thus, Protestant theology encouraged an ambivalent attitude toward the needy, an ambivalence which manifested itself not only in various failures to provide for them, but in the character of those services that were provided. Thus, although Protestant England of the seventeenth century did begin to recognize a responsibility to the poor, the harshness of the legislation enacted is in part a tribute to the dominant Protestant view (Kohs, 1966, p, 142).

The emphasis on grace to the relative exclusion of good works resulted in a redefinition of the emerging Protestant churches as *spiritual* institutions. The medieval Church — for which body and soul, life in this world and life in the next, were interdependent actively assumed social responsibilities *in* the world; but the Protestant churches had a tendency to withdraw from worldly involvements, lest they be diverted from their essentially spiritual mission (Coughlin, 1965, pp. 20-21). With important exceptions, the Protestant churches emerged as special purpose institutions, concerned exclusively with the souls of men or with spiritual regeneration. Protestantism thus promoted that bifurcation of the religious and the worldly that has become a characteristic Western phenomenon (Kohs, 1966, p. 141).

But although the Protestant churches construed their role as precluding heavy involvement in efforts to provide for the poor and needy, they did recognize themselves as indirectly responsible for such provisions. Their task was to inspire their members, as private citizens and as governors, to mold the world in accordance with the dictates of the Christian conscience (Coughlin, 1965, pp. 21-23; Johnson, 1956, p. 93). In working toward this end, the lonely Christian soldier may get his hands dirty; but at least he will be able to return to the spiritually uncontaminated atmosphere of the Church on Sundays.

Put differently, if, as some say, Protestant theology encouraged or justified capitalist competition and exploitation, it also promoted ideals of private philanthropy and social reform — encouraging public and private groups to assume active responsibility for alleviating social ills. It is important to note in this connection that because the churches were primarily concerned with maintaining their own spiritual integrity, they did not take a consistent position with regard to which nonsectarian bodies should assume welfare responsibilities. Thus, Protestant leaders could be found on both sides of the laissez-faire welfare state struggle. That is to say, some Protestant leaders were instrumental in promoting private philanthropy as the cure to the ills of the new socio-economic order, and others urged the absorption by the state of welfare responsibilities. The assumption shared by churchmen on both sides of this controversy was that the churches themselves should not get involved. The only allowable exception to this policy of no direct involvement in the promotion of social welfare was to highlight and meet needs that nobody else had yet acknowledged; but as soon as these were recognized and other organizations — either public or private — entered the field, the churches resumed their policy of noninvolvement (Johnson and Villaume, 1960, p. 442).

This account of the 'typical Protestant pattern' in social welfare has both a prescriptive and descriptive significance. That is, it has been espoused as a principle intended to guide churches in determining their policies, and it has also been used to describe and explain the historical role that the churches have played in social welfare. In its latter role as an empirical hypothesis, it provides an intelligible account of a good deal of Protestant history as it bears on problems of social welfare. Where it fails to square with practice, this is often because the normative, prescriptive ideal implicit in this pattern has been rejected. Not only have some denominations been less willing than others to accept this ideal, there have been periods in which large numbers of Protestants from a variety of denominations became critical of it. In times characterized by increased awareness of human need and by widespread non-Protestant, if not anti-Protestant attitudes, e.g., in the latter part of the nineteenth century and since the 1950's, the churches begin asking themselves whether they are not abdicating responsibility for correcting evils in this world by their exclusive commitment to the Spirit; withdrawal preserves the Spirit intact, but at the price of its not being embodied in activities that testify to its goodness — at the price of detachment that borders on irrelevance and indifference. The history of the Protestant effort in social welfare characteristically revolves around this tension.

There is another important sense in which Protestantism influenced the course of social welfare. If Max Weber is correct, and Protestantism, through its espousal of the virtues leading to worldly success, promoted the entrepreneur's *rationality* — with its emphasis on organizing activity in the most efficient, most productive manner — then a strong case can be made for the Protestant nature of the transformation of Charity into Social Service in the last one hundred years (Weber, 1958). That this transformation presumably took place under nonsectarian auspices would not argue against such a view: for Weber himself argued that by the time he wrote, the values and virtues promoted by the Protestant Ethic had lost much of their specifically religious coloration, and persisted in forms that were not specifically religious.

Cultural Dominance

The Protestant pattern, with roots in Reformation thinking, affords a partial explanation of the relative absence of formal involvement by the churches in social welfare, and their willingness to allow the responsibility for such involvement to devolve on private individuals and government. But this account is insufficient; it must also be recognized that Protestants were by-and-large the Founding Fathers of the United States and constituted from the very beginning the dominant culture. Because this was the case, the churches could depend on the fact that the institutions of this country — whether under public or private auspices — would be imbued with a spirit that was consonant with Protestantism. This, then, is another important reason why the churches have tended to remain aloof from active involvement in social welfare. As F. Ernest Johnson (1960, pp. 441-442) has said:

> While the transfer of social work to secular control was regarded with apprehension by some groups, it was, on the whole, acceptable to the Protestant majority. That is to say, the majority group did not feel a need for its own educational and social work programs as aids in the preservation of a faith and a way of life. There were, of course, exceptions to this generalization, but the underlying social principle is apparent. The more a religious group differs from the prevailing religious pattern in the community, the stronger its tendency to maintain as far as possible its own social services. When, however, as is true in America, the majority of the religious population belongs to communities which differ in relatively inconspicuous ways, the differences between the social ideals and standards of the community as a whole are usually not great. Thus Protestants adjusted themselves to the passing over of social work to secular, non-sectarian auspices, in the same fashion as they did with respect to the secularization of education. The process effected a distribution of the financial burden and created a common pool of professional and technical resources within a cultural setting in which Protestants felt at home and with respect to which they perhaps felt some sense of group proprietorship.
>
> Thus, partly from sheer necessity and partly because of the diffusion of a common religious spirit among secular agencies, the Christian motive of Protestant church members tended to find its social expression through their professional and voluntary participation in activities and agencies conducted under secular auspices. These agencies furnished a channel for Christian benevolence . . . and they continue to do so today for large numbers of Protestants.

That it was the conjunction of theological considerations *and* the fact of cultural dominance that has led to the typical Protestant pattern in matters of social welfare is suggested by the fact that church-sponsored activity in social welfare tends to rise significantly when this dominance is threatened in one form or another. Such a threat was posed by the coming of masses of non-Protestant, culturally diverse immigrants in the nineteenth century and by the recognition in recent years that the secular social welfare ethic in this country is remote from Protestant thinking. Both events stimulated the churches to renewed active involvement in the social process — even at the price of revising long-standing theological positions.

The Early Period

In early America, the English Poor Laws provided the model for legislation enacted by local communities (Miller, 1961, p. 63):

> The philosophy of the English Poor Law dominated the thirteen colonies in North America, and dictated the pattern of social services which emerged in the new nation. Poverty and dependency were looked upon as disgraceful, almost a crime, repressive measures were adopted, and provisions for relief were kept to an extreme minimum in the firm conviction that relief in any amount constituted an encouragement to moral turpitude.

The harshness of these laws, the contempt for the poor which they embodied, reflects a Protestant-inspired ethos which continued to dominate public welfare provisions in this country at least into the mid-nineteenth century and since then at intermittent intervals.

But the contribution of Protestantism to early American welfare provisions was not limited to promoting the ethos that found expression in the Poor Laws. On the contrary, the antipathy of the churches to active involvement in providing for men's material needs was often overridden in the early years (Miller, 1961, p. 75):

> Social Welfare was a necessary concern of every Protestant group from the time the group established itself on American soil. Life was hard, and stable social patterns were few. Each one of the myriad Protestant sects and denominations, indeed each local segment of most of them, was almost inevitably drawn into one or another expression of Christian compassion for unfortunate persons in community life.

Not uncommonly, churches would provide food and clothing for the poor, special care for the victims of epidemics, and orphanages. But there was a tendency for the churches to confine their attentions to members of their own congregations (Friedlander, 1968, p. 67), and within this group to the worthy poor alone — that is, to those who were viewed as not responsible for their suffering or as willing to mend their ways. (Friedlander, 1968, p. 67):

> Assistance was denied to people who neglected admonitions of the minister of whose moral behavior, laziness, drinking, or gambling were criticized in the parish.

The pattern of small-scale involvement in social welfare, aimed at a local group and inspired by concern for those who were not responsible for their neediness, was characteristic of Protestant churches until the mid-nineteenth century. At that time, under the impact of large-scale immigration, rapid industrialization, and the growth of increasingly sprawling and crowded urban centers, important changes began to take place. In considering these changes, special emphasis will be placed on their relationship to immigration, an emphasis which will serve to link this discussion with later discussions of welfare provisions developed by Catholic and Jewish immigrants. This emphasis on the impact of immigration, however, should not be taken to mean that immigration per se was the sole important circumstance stimulating the development of Protestant welfare provisions during this period.

Nineteenth century immigration brought to this country masses of people who did not identify with a Protestant denomination, and who very often were not imbued with the Protestant Ethic. To the native American, highly individualistic, "inner-directed" characterological ideal, the immigrant presented traditionalistic models of social and individual human existence. Settling together by choice and necessity, these bearers of alien cultures and world-views attempted to recreate in America their traditional life. That is, although they often settled in the city, in an environment that was emancipated, free, progressive, modern, the newcomers created within this *gesselschaft*, their own *gemeinschaft*, a community governed by traditional customs and ideals.

Exacerbated by religious differences, the difference between the socially and economically dominant Protestant population and the immigrants was profound. The immigrants, escaping from famines, revolutions, and pogroms, clung tenaciously to communal and religious forms that guaranteed the continuity of their experience. The dominant Protestant population viewed with alarm the intrusion of alien culture-bearers that resisted assimilation. The sentiment felt by many was expressed in Boston's *American* in the midst of the heavy Irish migration (Handlin, 1959, p. 185):

> instead of assimilating at once with customs of the country of their adoption, our foreign population are too much in the habit of retaining their national usages, of associating too exclusively with each other, and living in groups together. These practices serve no good purpose, and tend merely to alienate those among whom they have chosen to reside. It would be the part of wisdom, to abandon at once all usages and associations which mark them as foreigners, and to become in feeling and custom, as well as in privileges and rights, citizens of the United States.

Yet another circumstance provided the native population with a justification for their hostility to the immigrants. Generally poor to begin with, and entering the socio-economic system at its lowest point, the immigrants crowded into overpopulated urban slums; disease, crime, child-dependency, and delinquency were rampant. Their communities were regarded as hotbeds of vice. In 1893, the *New York Times* said of the Jewish community in the Lower East Side (Bernard, 1973, p. 19):

> This neighborhood, peopled almost entirely by the people who claim to have been driven from Poland and Russia, is the eyesore of New York and perhaps the filthiest place in the western continent. It is impossible for a Christian to live there because he will be driven out, either by blows or the dirt and the stench. . . . They cannot be lifted up to a higher plane because they do not want to be.

There were, of course, other reasons for fear and resentment. When organized, immigrant groups could constitute a powerful political force, as they did in Boston around 1850. Voting together as a group to further their common interests, they brought on themselves the wrath of those they voted against, which included, in Boston, the "Free Soilers." Moreover, the immigrants upset the ecological balance in the work-world, a fact that found expression in the Massachusetts Senate Documents of 1847 (Handlin, 1959, p. 185) where it is recorded that the Irish are displacing

> . . . the honest and respectable laborers of the State; and . . . from their manner of living . . . work for much less per day . . . being satisfied with food to support the minimal existence alone . . . while the latter (the native-American workers) not only labor for the body but for the mind, the soul, and the State.

It is impossible to understand the rapid development of native-American welfare provisions after 1850 and especially after the Civil War, if the impact of immigration is ignored. Although the development of these provisions may be profitably viewed as a humanitarian response to an increasingly complex world, in which social and economic realities bred anomie and poverty on a massive scale, it should also be viewed as an attempt by the dominant, native American group to maintain its cultural, social and economic dominance in the face of alien peoples and cultural forms which threatened it. Expressed in political movements, like the Know-nothings, self-maintenance drives expressed themselves in other ways as well (Riseman, 1965, p. 284):

> From the 1880's to the 1920's, for example, the white Protestant majority waged an increasingly unsuccessful war to maintain its dominance not only in the sphere of work, where it was skilled, but also in the sphere of play where it was constantly having to fight for a precarious competence. Hence it resisted any new potentialities for consumership offered by the work-disenfranchised ethnics, ranging from Italian food to borsch-circuit comedy and the Negroid Charleston. Prohibition was the last major battle in that war. Its bad effects were blamed on the "Sicilian gangster."

The refusal of the dominant culture to incorporate any of the cultural forms of the immigrant was paralleled by the effort to force the immigrant to take on American ways, and it is in this connection that large-scale developments in social welfare took place in the late nineteenth century. Immigration stimulated the development of a wide variety of provisions aimed at assimilating the immigrants to the existing social system with minimum disruption of the system. These provisions testified to a genuine, if often highly paternalistic, humanitarian concern for the plight of the poor immigrant and his children, but the very character of the help given demonstrates the unacceptability of the unassimilated immigrant, whose divergence from mainline cultural patterns was viewed as symptomatic of his neediness. Put differently, the development of welfare provisions during this period was stimulated by the same set of concerns that inspired hostility towards the immigrant among significant elements of the population; the difference was that in the latter case the sentiment expressed was, "We don't like or want you," or "Change — or else!" whereas in the former the typical expression of this concern was "Let us help you." In this sense, many of the welfare provisions that were established in this period were a sublimated expression of the hostility and fear that characterized the native American's attitude toward the largely ethnic urban poor (Platt, 1969).

As the organized conscience of the dominant culture, the Protestant churches became important vehicles of public sentiment, and it is to be expected that they would express these sentiments in an idealized way that simultaneously incorporated and masked less acceptable but strongly felt native American attitudes. Even where, as was often the case, those promoting charity were strictly humanitarian in their intent, the strong support they received within the culture was due in large measure to such attitudes. There are actually two different Protestant tendencies at work during this period, and these must be considered separately.

The Social Gospel

The initial response of organized Protestantism to the rise of the large immigrant class living in urgan slums was to place the greatest possible physical and spiritual distance between itself and the poor (Abell, 1962, pp. 1-2):

> The city was the hot-house of every cancerous growth . . . yet Protestant Christianity, bound by doctrine and tradition to spiritual regeneration alone, did not adopt a satisfactory program of social ethics until late in the century. By rigidly separating body and spirit and denying religious value to the former, Protestant thought necessarily ignored the problem of human welfare in the great cities . . . Until the mid-eighties the urban poor scarcely figured in Protestant missionary tactics.

This tendency to withdraw from the corrupt world to the realm of uncontaminated spirit found its expression in the content of church life which made no reference whatsoever to "the spiritual issues of interest to the harrassed multitudes," or to "modern times, to modern modes of sinning and living (Abell, 1962, p. 7)." It also, however, was expressed in demographic patterns which call to mind the more recent exodus of Whites from urban communities into which poor — or even not so poor — Blacks have come (Abell, 1962, p. 6):

> All could see that as the working class crowded into the industrial quarters the old parochial churches sought congenial sites on the great avenues up town. When the Civil War ended nearly a half-hundred important congregations had already deserted lower New York, and soon after Bostonians were leaving historic meeting houses for sumptuous edifices in the Back Bay.

In the end, however, a number of pressures converged to force organized Protestantism to deal with the immigrants. The urban proletariat grew larger and more aggressive. The foreign taint on the environment became more pronounced. There were efforts to organize the largely immigrant labor force. Seen as oppressors, Protestants bore the brunt of this hostility. While some were concerned by the political mobilization of the poor against their oppressors, there were others within the churches who were disturbed by the failure of Protestantism to attract members of the urban proletariat to its ranks. The convergence of all these concerns finally led the churches to a multi-faceted response. The ground for activism was cleared by critiques of the social tendencies inspired by Protestant theology. For example, Stephen Colwell:

> . . . detailed the historical background for his faith's outright encouragement of greed and selfishness. If the Protestant reformers, through force of circumstances, had, properly, stressed questions of truth, they had unjustifiably 'overlooked in their readings of the New Testament its imperative injunctions of brotherly kindness' . . . He thought it significant, for example, that English-speaking Christians had neglected to write even one adequate treatise on Christian charity to refute the rank materialism pervading the political economy of England and America. . . . Protestants persisted in believing that human sufferings were the 'penalties of idleness, disease, or similar causes, in a great measure the fault of the sufferers.' But the poor had rejected this view and along with it the Christianity which championed it (Abell, 1962, pp. 6-7).

Although organized Protestantism was slow to identify with such indictments, the various pressures noted above began to coalesce in the 1860's and '70's and soon the "Social Gospel," or

"Social Christianity" movement was under way, rapidly enlisting the support of rich and poor Protestants from any denominations. Characterized by a sympathetic interest in helping the poor, the different tendencies at work in the movement gave rise to a variety of activities. "Carrying the Christian mission to the poor" included: providing for the physical needs of the poor; introducing Sunday Schools, and even industrial schools into the urban slums; introducing evangelistic programs; and promoting social reforms that would ease the situation of the poor. Americanization, Christianization, and direct and indirect efforts at transforming the material environment of the poor, were all elements in the new "aggressive Christianity."

The missions, and later the settlement houses, the typical institutions that gave concrete expression to the "Social Gospel," soon proliferated in the urban ghettos, offering material and spiritual provisions for the poor. In addition, Protestant churches ceased their movement from the urban centers and assumed new role definitions. They began by opening their doors to the poor for purposes of prayer; many eventually came to view themselves as having a 'social mission.' Called 'institutional churches,' these institutions sought to expand their functions "to cover the entire life of man (Abell, 1962, p. 137)." This effort was a radical departure from their traditionally exclusive commitment to spiritual regeneration; the new *social* identity represented a Catholicization of Protestantism. However, most Protestants agreed that for "too long has Rome been allowed a practical monopoly of the humanitarian agencies of religion (Abell, 1962, p. 137)." Indeed, by the end of the century, thoughtful Protestants in all denominations had come to frown upon aristocratic churches as heathenish caricatures of Christianity (Abell, 1962, p. 248).

By 1900, "every conspicuous human need had a corresponding religious society (Abell, 1962, p. 249)." Beyond this, the churches' espousal of the cause of labor, its demand for social reforms that would remove the harshest by-products of industrial capitalism, had not only taken the edge off the hostility which had been directed at them, but had in various ways promoted social reform. Inspired in all probability by the same combination of guilt, fear, and humanitarian concern that has led contemporary Whites to become advocates for Blacks, Social Christianity did, in fact, have an impact on the situation of the immigrant-poor; among other things, it directly and indirectly promoted a climate which led to the Americanization of the immigrant. Although by no means the sole explanation for this phenomenon, Social Christianity's charitable mission to the poor licensed the intrusion of the dominant culture-bearers into the world of the immigrant. This well-meaning intrusiveness could undermine the resistance of the immigrant as its hostile counterpart was unable to do.

Although Social Christianity continued as a movement well into this century — roughly, until the strict immigration quotas were established — its significance was over-shadowed after 1900 by the increasing involvement of government in social welfare, and by the rise of professional social work. Although the Social Gospel established the climate for these developments, there is an even more significant sense in which Protestantism is implicated in these developments. For while organized Protestantism developed its own social service provisions, the attitudes which it promoted also found expression in developments outside of denominational organizations.

The Nonsectarian Missionaries

The same pressures that inspired the Social Christianity movement also stimulated important extra-religious developments in the realm of social welfare; after the Civil War, the government as well as a host of private organizations and movements responded in novel even revolutionary ways to the plight of the largely ethnic urban poor. The thrust of this involvement was in the direction of making charity *scientific* — that is, by eliminating indiscriminate, wasteful almsgiving through attaining a clearer understanding of problems to be solved and by developing the most efficient and least costly strategies for solving them. Various organizations, national and local, were founded for the purposes of fostering communication and coordination between different organizations involved in social welfare, for developing standards of treatment, and for joint fund-raising. Moreover, utterly new attitudes toward the enterprise of service emerged during this period. Stress was placed on developing feed-back loops for determining the efficacy of welfare provisions, and on the importance of revising programs when the feedback proved them ineffective. To this end charitable organizations were encouraged to keep careful records of their finances, of the number of clients served, of services rendered, and the results of such service. But systematic, careful work of this kind could not be done by the traditional, good-willed volunteer who had no experience or training. As a scientific enterprise, charity required its own technicians; it required trained professionals.

Efficiency also demanded that differences in particular cases be noted and that different classes of individuals with characteristically different problems be given treatment relevant to their needs. That is, there was an increasing belief that treatment should be individualized. This view found expression in the post Civil War movement to separate children from adults in public and non sectarian institutions, and also in the demand that they no longer be placed in large congregate institutions where no attention could be paid to individual needs. Increasingly, sentiment came to favor cottage plan institutions or foster home placements for dependent-neglected, orphaned, or delinquent children as the better alternative to placement in congregate institutions; placement, moreover, should be on the basis of careful study of the child's problems and needs, and should be carefully supervised by trained experts.

The activities of the groups promoting these changes, such as the "child-savers" and the Charity Organization Societies, constituted the beginnings of modern social work. It is therefore important to note that the movement reflected a decidedly Protestant impulse.

At least two features of the situation lend credence to this interpretation. The first is that the leaders of the charity-reform movement were largely drawn from the ranks of the Protestant clergy (Miller, 1961, p. 85).

> Much of the secular social work that took shape around the turn of the century was begun by deeply religious people who were inspired to express their concern on a community level.

Prominent Protestant leaders in the movement to make charity a rational enterprise included: Charles Loring Brace, the godfather of the child-saver movement; Octavia Hill, "English pioneer in housing reform (Miller, 1961, p. 85);" Reverend S. Humphreys Guryeen, founder of the first Charity Organization Society; Reverend Thomas Chalmers, who is usually credited with having developed the individualized approaches and person-centered philosophy which undergirds the present concepts of 'case work;' Josiah Strong and John M. Gleen, the organizer of the Russell Sage Foundation. Moreover, "many of the early professional workers were individuals who came into social work from the active ministry (Miller, 1961, p. 85)."

Because the reform movement was led by Protestants, inevitably, the moral and cultural values of the reformers were of a distinctly Protestant character. Thus, in the reformatories they sponsored, "the value of sobriety, thrift, industry, prudence, 'realistic ambition,' and adjustment must be taught (Platt, 1969, p. 55)," all of these being derivatives of the Protestant Ethic. Similarly, the emphasis on individualization of treatment has its roots in an American individualism that is the offspring of Protestant emphasis on the individual soul rather than on the group. Finally, as noted above, the emphasis on making charity scientific is consonant with, if not caused by, distinctively Protestant styles. For, if Max Weber is correct, the distinctively Western rationality that consists of devising the most efficient means to given ends, and which involves making systematic, precise calculations and the keeping of records, has its roots in the Protestant's quest to assure himself of his Election through worldly success (Weber, 1958).

This line of reasoning suggests that there was some reason for the mistrust, especially common among Catholics, of the large-scale developments taking place in presumably "nonsectarian" quarters. Although such movements as the child-savers and the Charity Organization Societies did not formally identify themselves with any organized religion, the values and directions they promoted were consistent with traditional Protestant emphases; expressed in secular terms, the basic styles and orientations fostered by Protestantism survived their exclusion from a formal religious context, and continued to develop in the culture as distinctively American, progressive orientations (Kohs, 1966, p. 142; and Johnson, 1960, p. 19). In the first two decades of this century, these values found their way into public legislation and thereby acquired an official sanction, and also into the rapidly developing social work profession which has dominated the social welfare field for so much of the century.

For this reason, Protestants were generally undisturbed and somewhat gratified by the large-scale development under public and private auspices of secular welfare provisions. Members of their religion had developed the ideology animating these provisions, and as Johnson has suggested (1960, p. 19), they were satisfied that these provisions were in harmony with Protestant convictions (see also Miller, 1961, p. 98).

The Twentieth Century

The satisfaction of American Protestants with developments outside the churches may be accounted as one of the principal reasons for the failure of social services under Protestant auspices to federate, in any significant way, across denominational boundaries. Although there were efforts in this direction in the late nineteenth century and during the twentieth century as well, the incentives of increased fund-raising ability and consolidation of power were apparently insufficient to overcome traditional Protestant disunity. Although Protestants involved in social welfare have noted with dismay that the Catholic and Jewish social welfare systems have a power and a visibility that the divided Protestant agencies do not have, they have been unable to change the situation (Cayton and Nishi, 1955, pp. 64-65). National organizations with different degrees of control have characteristically been developed along denominational lines, and national, state, and local Councils of Churches have sought to promote the semblance of integrated efforts at their respective levels; but, generally speaking, the effort in this direction has been unsuccessful (Stidley, 1944, p. 125).

The complacency of American Protestants with regard to social welfare provisions contributed to another phenomenon: the little-challenged tendency for many agencies and institutions founded by the churches to move in the direction of nonsectarianism and secularism (Miller, 1961, p. 98; Stidley, 1944, p. 5), a movement that has eventuated not only in a variety of different relationships between the churches and their agencies, but also in complete breaks with the mother-organizations (Johnson, 1956, pp. 17-18). Two of the three major pressures that have contributed to this tendency were felt by non-Protestant sectarian agencies as well, namely, the ideology brought into the agencies by professionals trained in nonsectarian, secular schools of social work (Reid, 1971, p. 1161; Miller, 1961, p. 143), and the demands of funding agents (e.g., the Community Chest or United Fund Organizations) and of the government that the institutions which they serve be open to the whole community, regardless of religion (See below p. 86).

But there was also a third pressure in this direction which has been unique to Protestantism. The churches, rather than resisting the secularization and growing independence of their agencies, came to encourage such tendencies. That they were often unable to finance their agencies themselves was, no doubt, part of the reason for their willingness to give up control (Cayton and Nishi, 1955, p. 60); more than this, however, increasingly the churches did not even *want* to finance the enterprises they had initiated. Following the heyday of Social Christianity and especially during and after the Depression, a conservative reaction set in within Protestantism which re-asserted the conservative pre-Social Gospel view that the Churches should confine their activities to spiritual matters. As F. Ernest Johnson put the matter:

> It is my conviction that the conduct of social services by the church, broadly speaking, is not the normal expression of Christian motive. As the institution pre-eminently responsible for the teaching of ideals and attitudes, keeping faith alive and inspiring

> higher endeavor, the church can function best by impregnating social work and all other community functions with its purpose, its vision, and its courage (Coughlin, 1965, p. 26)

As this traditional view reasserted itself, the feeling gained ground that the Churches' heavy investment in social welfare was causing it to fail in its distinctively spiritual mission; since public and nonsectarian social welfare provisions were increasingly common, there was no longer a need and therefore any reason for the churches to continue in the direction pioneered by Protestants in the late nineteenth century. What was required, it was urged, was a renewal of the Churches' spiritual mission. The dominance of this view during much of this century strongly discouraged the development of new kinds of provisions.

While residues of the era of the Social Gospel have continued to exist, the withdrawal of the churches from activism in social welfare, the tendency of many agencies to assume a nonsectarian status, and the inability of agencies to federate across denominational lines have led to the decreased visibility of Protestant social services.

Recent Trends

In recent years, especially since 1950, dissatisfaction with the Protestant withdrawal from social welfare has developed in several quarters. While some have continued to hold that heavy Protestant involvement in social welfare is unnecessary because nonsectarian institutions reflect Protestant concerns and values satisfactorily (e.g., Johnson, 1960, p. 19; Johnson, 1956, p. 179), others have come to believe that Protestantism's complacent inactivity is founded on an illusion (Kohs, 1966, p. 147). In their view, nonsectarian institutions and, indeed, society as a whole, have moved increasingly away from Protestant orientations (Miller, 1961, pp. 98-99). Man centered rather than God-centered, optimistic to the point of obliterating any sense of human sinfulness, the secular-humanistic ideology embodied in nonsectarian welfare provisions is, it was argued, very remote from Protestant beliefs (Bachmann, 1955, p. 119). In the view of these critics, it was a mistake for the churches to accept (and even encourage) the rise of secular welfare institutions as an alternative to institutions permeated with a distinctively Protestant orientation. They have therefore urged Protestant groups to rededicate themselves to active, direct involvement in social welfare. In other words, after having readily accepted it for many years, secularization became problematic to many Protestants, and the need was felt to reaffirm a distinctively Protestant appraoch to the problems of human welfare.

There is, however, an important obstacle to comprehensive efforts on the part of Protestants to introduce distinctively sectarian values and beliefs into agencies and institutions under their control. The funding agents on which they must rely to finance this work (government, United Fund) are tugging in a different direction, requiring agencies receiving funds to be open to everyone and to provide a nonsectarian program. Protestants therefore often feel frustrated in attempts to generate distinctively Protestant programs. They are caught in a dilemma: to ignore the requirements of non-sectarian funding sources and promote distinctively sectarian programs is to condemn themselves to playing a very small role in providing for the welfare needs of the public; on the other hand, to meet the requirements of these funding sources and obtain the resources to maintain large-scale programs would be to lose the *raison d'etre* offered for renewed involvement in social welfare, which is to provide an alternative to the secular-humanistic ideology that has increasingly displaced Protestant orientations.

This dilemma is avoided by a liberal group within Protestantism that has become very active in recent years. Like their (religiously) more orthodox brethren the liberals have urged Protestant groups to become involved in actively promoting human welfare; but their aim is not so much to combat a threatening secular-humanistic ideology as it is to get Protestants to affirm their commitment as Christians to the alleviation of suffering and the overcoming of injustice. Their position has attracted wide support. The accusation of indifference, and even of complicity with the oppressors through inaction, has led to a resurgence of the ideology of Social Christianity; as the churches in the Social Gospel era became advocates for the interests of labor, contemporary churches of various denominations have become advocates for non-whites and the poor, promoting the causes of Civil Rights and Welfare Reform. Protestant organizations have also been widely involved in encouraging efforts at community organization and providing facilities for delinquent gangs and "drop-in" centers for individuals with drug or other problems. Ample precedent for this kind of activity is provided by the institutional church movement of the late nineteenth and early twentieth century.

The new activism is not evangelical in character. Activities are often undertaken in collaboration with organizations representing other religions; emphasis is put on non-discrimination, the provision of nonsectarian services, and, importantly, on the avoidance of paternalistic attitudes towards the population served (Miller, 1970). Local Protestant agencies increasingly view themselves as instruments of the total community in which they are situated and accountable to this community. Representatives of the various groups in the community assume positions on the governing boards of the agencies and there have been instances, applauded by the National Council of Churches, of the indigenous community served by an agency assuming full control of it (John McDowell, personal communication, 1972).

This movement appears to be at cross-purposes with the more orthodox Protestant group that urges the reassertion of a more distinctly Protestant appraoch to social welfare as a response to American secularism. Against the orthodox view, the liberals have drawn from such theologians as Paul Tillich to suggest that ethical humanitarianism, even if secular, "may not be so far afield from Christian concern after all (Miller, 1961, p. 103)." In any case, for the moment at least, the liberals seem to be in ascendance. Not only do they receive support from the National Council of Churches, their commitment to serve all classes of individuals through nonsectarian programs enables them to accept government and United Fund financial resources without compromising their programs — at least with respect to sectarian content.

So long as universalism and ecumenism remain the actuating ideals of the Protestant welfare enterprise, it will probably continue to receive support from extra-sectarian funding organizations. But it is unclear what will happen if significant numbers of Protestants come to feel, as some already do, that Protestant welfare provisions must affirm Protestant orientations in a more particularistic way than they do presently. Protestants are concerned about this, and are among those protesting the kinds of expectations attached to receipt of money from United Fund campaigns. But whether such protests will affect the situation is open to question. Put differently, from the vantage point of the particularism universalism continuum there are strong supports for Protestant activity in social welfare, so long as it is construed in nonsectarian, universalistic terms; but this support could disappear if the churches seek to reaffirm their particularistic, sectarian character in their social welfare activities.

III. THE CATHOLIC EFFORT IN SOCIAL WELFARE

The first orphanage in this country was established by the Ursuline Sisters in New Orleans during the early part of the eighteenth century (Johnson, 1956, p. 99). Although the founding of this institution foreshadows the large-scale involvement of Catholics in child welfare in the nineteenth century, it is less important, from a Catholic point of view, than another phenomenon which took place in the pre-nineteenth century period, namely, the massive desertion of American Catholics from the ranks of the Church. According to O'Grady (1930), of the 200,000 to 300,000 individuals of Catholic descent living in the United States in 1790, only 30,000 could be counted as members of the Church. Several circumstances contributed to this phenomenon. There were pervasive, if sometimes latent, anti-Catholic sentiments among the overwhelmingly Protestant population; American life embodied a distinctly Protestant outlook (O'Grady, 1930, p. 147) which was in many ways incompatible with the teachings of the Catholic Church. For example, whereas the phototypically American ethic of individualism was consonant with the Protestant ideal of "the priesthood of believers," this individualism was antithetical to the Catholic view that the beliefs of the individual be in harmony with dictates of the Church as a condition of his achieving a good life in this world and Salvation in the hereafter. The incompatibility of the Catholic outlook with the values, ideals and styles of the predominantly Protestant American population made it difficult for the Church to establish itself in this country, as O'Grady's statistics suggest.

Nineteenth century Catholics were left with an uneasy fear that American life was an anathema to the well-being of the Church in this country and the belief that extraordinary efforts would be required if the Church was to thrive. The efforts of John Carroll, the first American Bishop, to establish schools for Catholic children at the end of the eighteenth century represent the first of a long series of Catholic efforts to ensure that the disturbing early history of the Church in America would not repeat itself. In other words, by the beginning of the nineteenth century, Catholics had already begun to prepare themselves for the defense of their religion in the face of the threatening, spiritually alien, American environment. Elaborated in various ways, the theme of self-defense continued to dominate Catholic thought and practice during the whole of the nineteenth century (O'Grady, 1930, p. 147).

The Age of Immigration (circa 1830-1900)

The schools established through the efforts of Carroll, which constituted the characteristic Catholic effort in child-care during the first decades of the nineteenth century, were staffed by Communities of the Religious — primarily, during this period, by the Daughters of Charity of Emmitsburg, Maryland (Johnson, 1956, p. 30). Because there were very few destitute children, provisions for them could usually be arranged within the framework of the early schools: "The number of homeless children to be cared for would not be large for some time to come. . . . It was not at all uncommon to find an institution caring for five orphans and providing educational facilities for 100 or more children (O'Grady, 1930, p. 33)."

But this situation changed dramatically as waves of Irish and German immigrants began to flood the eastern part of the country. The harshness of the conditions from which they were escaping, the disease-infected, over-crowded ships in which they made the voyage to this country, and the barely human conditions of life and work that awaited them on American shores resulted in an ever-increasing population of orphans, half-orphans, and dependent-neglected children (Johnson, 1956, p. 30).

It was, in a sense, natural that the Church assume the responsibility for providing for these children; the tradition of direct provision for the needy, through the establishment of appropriate institutional forms, was deeply rooted in the Catholic past. But there was also a more immediate reason for intervention on the part of the Church. In its absence, it was feared, these children would probably move outside the influence of the Church (O'Grady, 1928, p. 147); many would be placed in public almshouses, others would fall under the custody of do-gooding Protestant organizations and individuals. The latter possibility was particularly distressing to Catholic leaders, who viewed the efforts of non-Catholics to provide for the well-being of Catholic children with distrust. In their view, the neediness of these children served as a pretext for religiously-inspired Protestants to intervene for the ultimate purpose of converting them (O'Grady, 1930, pp. 235-236). If therefore, these children were to grow up as Catholics, Catholic-controlled child-care provisions would be necessary (O'Grady, 1930, pp. 100-101).

Thus, traditions of charity joined hands with the concerns of the day to promote the development of residential child-care institutions — by and large, orphanages — for destitute Catholic children. Soon the orphanage supplemented the school as a characteristic form of Catholic intervention in the lives of children. Staffed primarily by Communities of the Religious (Johnson, 1956, p. 30), the orphanages first developed on a parish level, rapidly becoming a characteristic feature of American Catholic communities (O'Grady, 1930, pp. 72-73).

By means of these institutions the Church was able to provide a cloistered environment permeated with a distinctly Catholic spirit for many Catholic children who would otherwise have been placed in the public almshouses or in the custody of non-Catholics. Such insulation was not new to Catholicism; the monastery, after all, is a Catholic institution, a religious fortress for those who would escape the pernicious influence of the world. In America, it was the "pernicious influence" of life in a non-Catholic society that threatened the integrity of the Catholic. Although the Church was unable to provide for its members a totally self-sufficient life-space on the model of the monastery, the orphanages established in the nineteenth century may be construed as an attempt made by the Church to man its fortresses at its most vulnerable points.

The Post-Civil War Period

So long as large numbers of Catholics continued to come to this country, and so long as each new group of immigrants found itself at the "bottom of the heap," child-care institutions continued to be established. But special circumstances accelerated this process after the Civil War (McGovern, 1948, p. 148). Public opinion within the dominant culture began to be mobilized in the service of bringing some order into the chaotic, threatening situation that was resulting from mass-immigration and industrial capitalism. In the area of child-care, efforts were made to take children out of the almshouses and to establish more specialized facilities for their care (Folks, 1902, p. 72). A number of private organizations — Protestant and (purportedly) nonsectarian — were hard at work providing institutional and other kinds of care (e.g., "Sunday Schools") for the destitute children that roamed the streets of the urban centers. Significant among these early efforts was Charles Brace's program to send victimized and delinquent children to foster-homes in the country where they might grow up in a "healthy" environment.

Emanating, as they did, from the dominant Protestant culture, these developments were viewed with distrust by Catholics (O'Grady, 1930, pp. 371-373); moreover, their fears were confirmed when they discovered that under programs aimed at removing children from the cities, large numbers of Catholic children were placed in Protestant homes (O'Grady, 1930, pp. 106-107). Suspicious of these programs, Catholics were equally enraged by the purportedly nonsectarian institutional provisions existing after the Civil War (Committee on History of Child-Saving, 1893, pp. 19-20).

> But the question was put: *Has* the state succeeded in excluding from its institutions all distinctive religion, and all sectarian *teaching and influence?* Inquire at 'The Juvenile Asylum,' The House of Refuge,' 'The Children's Aid Society,' 'The Five Points House of Industry.' Where among the managers of all these institutions is a Catholic to be found? Where among their superintendents, their teachers, their preachers, do you find a Catholic? Where among their acts of worship is a Catholic act toler-

> ated? While, on the other hand, who does not know that Protestant worship, in all its various forms is, without opposition, introduced? And, Protestant doctrine, in all its shades and contradictions, is inculcated?

That such charges had some basis in fact is one of the implications of the earlier discussion of Protestant activity in social welfare in the latter part of the nineteenth century (pp. 25-34). While the salvation of which the "child-savers" spoke was probably not intended in the religious sense, even apart from religious presuppositions, the programs they proposed were an accurate, if secularized reflection of Protestant thinking. An emphasis on "making something of oneself" through industry and hard work, the concern for the individuality of the child, the downgrading of impulsive uncalculated, and non-productive behavior ("laziness"), all bear witness to a distinctly Protestant ethos. More than this, the very fact that middle- and upper-class American Protestants were making provisions for the "salvation" of immigrant children of a different religion and culture, makes it difficult not to construe the child-saving movement as a missionary enterprise. Whereas in former times, missionaries set out for distant lands, in the last half of the nineteenth century, they only had to find their way to the other side of town.

This, in any case, was the view of Catholic leaders (O'Grady, 1930, p. 147; Boylan, 1942, p. 127), whose preoccupation with problems of Catholic survival in this country made them acutely sensitive to the hidden (intended or unintended) overtones in the activities that were to eventuate in modern, professional charity work (social work). Like Blacks in recent times, their situation required them to be far more sensitive than their Protestant "helpers" to the paternalistic, patronizing, and fundamentally alien character of these activities. And like contemporary Blacks, they sought to resist this do-gooding intrusiveness in order to themselves control the destinies of members of their group.

Thus, the Catholic response to the efforts of the first child-savers was to seek ways of multiplying their own provisions for children. The idea of placing children in Catholic foster homes was appealing to some, but others — notably, the Catholic Sisterhoods who had the primary responsibility for institutional child-care — were suspicious of this proposal. According to O'Grady (1930, p. 99), to them

> it smacked of Protestantism. They had heard of thousands of children of Irish immigrants who had been picked up on the streets of New York City and sent to Protestant homes in the middle west. They were afraid lest the farmer, even the Catholic farmer, while he appeared to be influenced by higher motives, might be thinking too much of the economic gains he would secure through children placed in his home.

Moreover, there were at this time relatively few Catholic families who could sustain the burden of caring for an additional child, and it was doubtful that these would suffice to care for the large numbers of children that needed care (O'Grady, 1930, p. 100).

As a result, Catholics by and large remained true to the precedent established during the pre-Civil War days, that is, they reaffirmed the policy of establishing congregate institutions in which orphaned, dependent, and neglected children could grow up in a Catholic setting under the direction of the Sisterhoods and Brotherhoods (O'Grady, 1930, pp. 116-117; 435). But because of the pressures impinging on them, the newer institutions differed from those established in the earlier part of the century in significant respects. The new facilities, often much larger, were established on a diocesan rather than a parish level. Moreover, they filled an important gap in the existing Catholic child-care structure. Many of the Sisterhoods that constituted the personnel of the older child-care institutions had strict regulations relating to the care of boys, in some cases, for example, they would refuse to care for boys after they reached the age of four or five (O'Grady, 1930, pp. 83-85). Boys above this age were therefore likely candidates for the almshouses and, especially after the Civil War, for the provisions promoted by non-Catholic philanthropists. In response to this problem, many of the newer institutions sought to provide for boys through their adolescence

(O'Grady, 1930, pp. 107ff). As in comparable non-Catholic institutions at this time, they were taught trades in order that they might be self-sufficing when they left the institution.

Some of the new congregate institutions hoped to market the handiwork of the children and thereby become self-supporting, but such hopes usually failed to materialize (O'Grady, 1930, p. 119). The New York Protectory, for example proved unable to support itself by this means or by solicitation in the Catholic community of New York, and came to rely very heavily on support from the state and the city (O'Grady, 1933). Although frowned upon by non-Catholics, who regarded it as a blatant violation of Church State separation policy (O'Grady, 1930, p. 101), public support for welfare institutions under sectarian auspices continued, establishing a precedent that has yet to be disavowed.

In addition to this victory, Catholic child-care activists of the 1860's and 1870's could pride themselves on another important achievement. By bringing to public attention the fact that the state had paid little, if any attention to religious differences among its wards, they helped promote general acceptance of the view that child-caring institutions should respect the religion of children in their custody. For example, in New York, one of several states that adopted a policy of contracting with private institutions to care for state wards, it became public policy in 1875 to place the child, if at all possible, in an institution sponsored by his own religious group. This policy was a tremendous boon to the Catholics, guaranteeing them the right to care for children of Catholic faith at the expense of the state (Stidley, 1944, pp. 14-15).

The Ethno-Religious Dimension

Although it has been useful as a device to speak of *the* Catholic Church in this country and the problems it faced, the activities of Catholics in social welfare were not a monolithic enterprise. These efforts were not unified, organized, or integrated across the boundaries of immigrant-nationality. In fact, most of the Catholic welfare institutions (as well as churches) established in the nineteenth-century were parochial not only with respect to the Protestant culture, but also with respect to nationality. Along with other mutual aid and self-help organizations established in the immigrant communities, the child-care institutions represented the effort of the group to preserve common forms of life in the face of all the pressures towards anomie and total disorganization.

Because religion was integrally connected with the immigrants' national traditions, the orphanages and other organizations that developed within the immigrant communities were as much an expression of national as religious identity (O'Grady, 1930, pp. 72-73; 77-78). This fact, in conjunction with the fact that the different immigrant groups were competitors in the American ecology, explains why it was that the Germans, the Irish, the Poles, the Italians, and other Catholic immigrant groups, each created their own child-care institutions. Although generally staffed by a religious order, these institutions were financed by a founding national group and intended only for children of that nationality (O'Grady, 1928, pp. 287-288).

From a "non-ethnic" Catholic point of view, such as that held by indigenous American Catholics, or those who, like Levi Silliman Ives, were native-American WASPS who had entered the Church through conversion, the resulting situation was disastrous. The interweaving of national and religious traditions prevented the development of a religious identity that cut across national origins. In the area of child welfare, this meant that there was no coordination or communication between the various institutions, which duplicated each other's services and thereby depleted precious Catholic resources unnecessarily. It was only in the closing decades of the century that some trends towards centralization could be discerned in a movement towards diocese-wide institutions which served all the various ethnic groups within its confines. But even when necessitated by the inability of the local ethnic communities to provide for their own needs, the diocese-wide institutions received little support from their constituent communities, who did not regard them as their own. Indeed, very often, the responsibility for financing them devolved on the Communities of the Religious which staffed them (O'Grady, 1930, p. 416).

The Legacy of the Nineteenth Century

From the point of view of Catholic charities, the most important facts about the nineteenth century were the mistrust of the dominant, Protestant culture and the inability of the ethnically heterogeneous Catholic immigrants to transcend their national, ethnic identities in the service of cooperation and mutual aid. This situation had, in the course of the century, translated itself into a specific pattern of institutional arrangements. It had led to a heavy emphasis on child-care, generally expressed in the development of a great many congregate institutions founded by different immigrant groups (Gavin, 1962, pp. 5,40). As the century drew to a close, there were still virtually no cooperative transactions between the different Catholic child-care institutions, or between them and institutions in the dominant culture. There was, at this time, no *system* of Catholic social welfare, only a great number of scattered arrangements, under Catholic auspices, which had virtually nothing to do with one another (Gill, 1951, p. 82; Gavin, 1962, p. 84).

Conservatives and Reformers: 1900-1920

By the end of the nineteenth century, the post-Civil War movement to reform the enterprise of charity had gained an influence that was felt in the existing welfare systems and also in public provisions enacted by legislators. But the Catholic welfare institutions, ever mistrustful of ideas and programs that had their origins in the dominant, Protestant culture, had staunchly refused to reform their provisions in accordance with the pronouncements of this movement (Gavin, 1962, pp. 14-15); this situation resulted, near the turn of the century, in the mobilization of public sentiment against them. Large, congregate institutions remained the backbone of Catholic child-care provisions at a time when placement in foster homes or in cottage plan facilities was in vogue. In Catholic institutions the same treatment was indiscriminately accorded to all children, without much consideration of individual needs. Methods were never subjected to critical examination, and records of activities were either not kept, or not made available to the non-Catholic public. Catholic welfare-workers were by and large untrained and saw no need of training. All this provoked sharp public criticism. In addition, the over-crowding that was characteristic of these institutions aroused the suspicion that the managers, who received their revenue from the state on a per capita basis, allowed

> the prosperity of the institution to take the place in their minds of the good of the individual. To this weakness, common to human nature, the system is an exact appeal. It is easier and cheaper to provide for a number than a few. How convenient to swell the treasury by an additional per capita child (Report of Committee of Child Saving, 1893, p. 51)!

There was, moreover, a growing sentiment that active steps could justifiably be taken to ensure that Catholic institutions conform to accepted standards. There was talk of requiring welfare institutions to be licensed by the state as a way of ensuring such conformity, there was also considerable support for the view that state supported child-care institutions should be accountable to the public. "New York City," declared the Chairman of the History of Child-Saving Committee at the 1893 meeting of the National Conference of Charities and Corrections,

> supports an average population of about 14,000 boys and girls, at an expense of $1,550,000 annually, in institutions controlled by private individuals. There is no official of New York City who knows or has a right to know whether these thousands of children are trained in idleness or industry, in virtue or vice (Report of Committee on History of Child Saving, 1893, p. xi).

Although pressures of this kind did not put an end to the isolation of Catholic charitable institutions, they did enable a reform group within the Church to have a hearing. Regarded as a fifth column within the Church during the 1880's and 1890's, a small group of Catholics had involved themselves with the progressive movement in social welfare (Gavin, 1962, p. 6). Typically, they were members of the St. Vincent de Paul Society, a charitable organization of laymen established in America in the mid-nineteenth century. This group was the progressive vanguard in the area of Catholic social welfare (Gavin, 1962, p. 12).

The leaders of the reform-group were of Irish stock, bearing such names as Kerby, Mulry, Sheehan and O'Grady. As the first significant wave of nineteenth century Catholic immigrants, the Irish were the socially and economically dominant group within Catholicism. They were also the most assimilated, or "Americanized" Catholic group, a fact that accounts for their atypical receptivity to ideas emanating from the dominant culture. Increasingly critical of their parochial Catholic brethren, they raged against the attitude "that bigotry is the inspiration of all non-Catholic organizations (Gavin, 1962, p. 29)." Believing this attitude to be less and less well-founded, the critics accused Catholic workers of holding on to this stereotype without any reflection. Thus, Monsignor Kerby, one of the leaders of the reform-group

> had little patience with the Catholic worker who mistook his temperament for Catholic doctrine and tended 'to convert his limitations into Catholic principle' (He) warned those whose temperament was conservative, and whose conservatism represented 'no thinking whatsoever,' against resisting all changes 'by alleging that they are opposed to Catholic doctrine (Gavin, 1962, p. 29).'

The price of this conservatism, of this unwillingness to make use of ideas and programs that had an origin outside the Church, was the failure of Catholic institutions to provide high-quality services. Indeed, so they argued, rigidity and incompetence were so characteristic of these institutions that the most talented Catholic workers preferred to work for non-Catholic organizations.

Equally biting was the reformers' assault on the isolation of Catholic institutions from one another. There was no effort to coordinate activities or even to communicate with nearby institutions. They viewed this situation as the height of inefficiency. In short, according to Monsignor Kerby,

> Every unpleasant effect of provincialism was in evidence. Relations between our relief work and civic movements were usually remote and without distinction. The units of our Catholic Charities displayed a spirit of offishness that made them to some degree socially ineffective. A defensive attitude on the part of our charitable agencies made criticism unwelcome and they were satisfied at times with ineffective or futile work. In 1910 outside of religious communities for which I do not now speak, I know of no courses of formal instruction in aims and methods in Catholic Charities, They were totally without academic impulse. We had no literature except the 21 volumes of the *St. Vincent de Paul Quarterly* (Gavin, 1962, p. 14).

The reformers set out to transform Catholic charity work into a systematic, efficient enterprise that would compare favorably with work going on outside the Church. Organization and professionalization were the watchwords of the movement they led. Their success can be measured by the fact that the paths they pioneered have become the thoroughfares of Catholic Charities; the organizational and programmatic reforms that they sought to implement established the basic framework of the Church's welfare enterprise down to the present.

In the service of progress, in 1910 the reform-elite founded the National Conference of Catholic Charities. Through the meetings, literature, and educational programs promoted by the Conference, the reformers hoped to introduce progressive ideas and programs into Catholic charity work. Two of the causes championed by the Conference were the ideal of a trained-worker and the organization of Catholic charities on a diocesan level. Since the latter pertains to a uniquely Catholic situation — the diocese being an ecclesiastical unit — it will be useful to elaborate briefly what the reformers had in mind in advocating diocese-wide organization.

The "Diocesan Bureau of Social Welfare" was the principal remedy proposed by the reformers to the organizational vacuum characteristic of Catholic charities. They intended these bureaus to represent constituent local agencies to the non-Catholic public especially in matters relating to legislation and funding as well as to coordinate the activities of subsidiary agencies and to provide services that they could not provide. They also hoped that diocesan bureaus would introduce new ideas and programs into the work of local agencies, and encourage them to develop higher standards of work (Boylan, 1942, p. 3, Gavin, 1962, pp. 84-86).

The movement in the direction of diocese-wide organization of Catholic charities antedated the establishment of the National Conference of Catholic Charities, having its beginnings in the efforts of the reform-group around the turn of the century to carefully record and safeguard the progress of *all* children institutionalized in a local area and to establish centralized child-placing bureaus for an entire city (Gavin, 1962, pp. 84-85, O'Grady, 1930, pp. 417ff). The National Conference of Catholic Charities sought to accelerate the movement in this direction and to apply the principle to central organization to all Catholic charity organizations rather than just to child-care institutions. These efforts, as might have been predicted, received support from concerned and powerful non-Catholic quarters. In particular, the leaders of the Community Chest movement, put off by the need to deal with competing spokesmen for the needs of the Catholic community and critical of the chronic inefficiency characteristic of the Catholic effort, exerted considerable pressure in the direction of diocesan organization (Gavin, 1962, pp. 36-37; O'Grady, 1930, p. 441). As a result of this pressure and the efforts of the progressive reformers within the Church, diocesan organization became increasingly common.

Since it was primarily the reform-group that insisted on the need for these diocesan agencies, and which therefore founded and controlled them, there was good reason to hope that the agencies would take on the functions proposed by the reformers. But in this, as in other efforts to modernize Catholic charities, the reformers met with much resistance. In particular, there were many who felt that stream-lined impersonal organization and professionalism would operate to dissolve the spirit of giving that was supposed to animate Catholic charity. Although they no longer expressed the fear that a Protestant plot was behind the pressure to change, many believed that adoption of the dominant models of charity-work (increasingly called social work) would bring into church institutions a secular-humanistic ideology which would undermine their character as religiously-inspired institutions (Gavin, 1962, pp. 58-61, 89).

Sympathetic to these concerns, the reformers made provisions which they hoped would guarantee the sectarian character of Catholic charities. Thus, the reformers successfully promoted the principle that the director of each Bureau of Social Welfare be a priest appointed by and responsible to the Bishop of the Diocese (O'Grady, 1928, pp. 297-298; Boylan, 1941, pp. 13-16). Not only would this ensure religious rather than professional control of the enterprise, it would establish, as the reformers were fond of pointing out, continuity with the ancient tradition of the poor and needy finding refuge at the house of the Bishop (Boylan, 1941, p. 7).

Similarly, in order to ensure that trained Catholic workers would understand the religious significance of their work and bring to bear on their problems distinctively Catholic norms and beliefs, they promoted, in the years to come, the development of Catholic schools of social work (Gavin 1962, p. 62). The spirit which was to animate these institutions is illustrated by the following declaration by Boston College the year its school of social work opened:

> While Boston College is fully aware of the importance of professional and academic standards, it cannot be unmindful of its responsibility as a Catholic institution. Hence, the School of Social Work is very definitely committed to the intention of impregnating the entire curriculum with the principles of Christian philosophy. Throughout the courses, Christian ideals and objectives will be stressed, and current concepts will be analyzed in the light of Christian social teachings. There is a decided need at this time, and particularly in the field of social work, to hark back to the Eternal Verities. A trained worker with strong supernatural motives and with a clear

> perspective on life will bring to the task at hand an influence which is sorely needed today (Kohs, 1966, pp. 110-111).

Although provisions of this kind may have appeased some, they did little to conciliate the most powerful group in Catholic charities, especially in the area of child-care, the Brotherhoods and Sisterhoods (Gavin, 1962, p. 40). The reformers' preference for trained professionals and the strong sentiment against congregate institutional care constituted a serious threat to the monopoly on child-care provisions to which the religious orders had become accustomed. Both they and the large, congregate institutions which they controlled[3] were being seriously challenged, and they feared expropriation of their traditional responsibilities and powers. Gently remarking on the resistance offered by the religious orders, Monsignor Kerby noted that

> The Sisterhoods and Brotherhoods are the most conservative elements in Catholic Charity. Their work, their reverence for traditions, and the circumstances in which their social service is performed slow down the action of the elements which make for change . . . the danger of making a mistake by changing too slowly and by misunderstanding innovation is always present (Gavin, 1962, p. 42).

Due to their resistance, the modernization of Catholic charities, especially in the area of child-care, was considerably slowed down. Moreover, the fact that congregate institutions continued to be built in the first two decades of this century suggests that large segments of the Catholic community — especially recent immigrants — endorsed the 'old ways' to which the members of the Religious Orders were committed. Although, as will be seen, the "progressive" child-placing bureaus and clearing houses established by the liberal group would ultimately provide the reformers with an important weapon in their war against the child-care institutions, this had not yet happened in the first two decades of the century. The institutional and ideological legacy of the nineteenth century still commanded the allegiance of significant portions of the Catholic community; moreover, the large capital investment that it represented, itself exerted strong pressures to continue providing for children in traditional ways.

Developments Since 1920

While many Catholics believed that professionalization and bureaucratic organization would dissolve the sectarian character of Catholic charity activities, the reformers believed that there was no necessary incompatability between Catholic values and 'progressive' or 'scientific' ideas and techniques. As has been noted, in promoting reforms they sought to provide institutional safeguards that would ensure that Catholic-sponsored social services would always operate within a Catholic moral framework. But in significant respects, it has turned out that the fears of their conservative opponents were well-grounded. The movement that began as an attempt to introduce modern ideas and techniques into a Catholic framework went far beyond the expectations of the reformers. Not only did non-Catholic ideologies penetrate into this framework, they have in some respects displaced it. The employment of non-Catholic personnel, service to non-Catholics on a routine basis, and secular treatment programs are among the symptoms of this change.

A number of circumstances account for this transformation. Financial dependence on extra-sectarian funding sources, i.e., government and the United Funds, has undermined the autonomy of Catholic agencies; they have been forced to be responsive to the hodge-podge of technical and moral ideas embodied in the stipulations attached to receipt of funds. In particular, this dependence has forced many Catholic agencies to adopt nondiscrimination policies entailing service to non-Catholics as well as religiously neutral programs.

In addition to external pressures of this kind, the internal demand for professionalism, voiced in the first decades of this century, has led to the ascendancy of trained social workers within the Catholic welfare establishment. The professionals have brought with them secular humanistic ideals and points of view that are alien to some of the teachings and the spirit of Catholicism. Even when they are Catholic — and not all of them are (Reid, 1971, p. 1159) — their primary identification, as helpers, is with the profession rather than with the Church; barring exceptional circumstances, religious considerations do not enter into their work (Brother Joseph Berg of the National Conference of Catholic Charities, personal communication, 1972; Reid, 1971, p. 1161). Notwithstanding their original intentions, the Catholic schools of social work have done little to discourage this phenomenon. The ideal of a professional in whom religious values and concerns would be united with technical skill seems to have been abandoned; the schools have a primarily professional identity, with religious concerns taking second place (Brother Joseph Berg, National Conference of Catholic Charities, personal communication, November, 1972). Instead of animating the whole of the curriculum, the religious dimension of the helping-enterprise is confined to a course or two. Aside from this, "their curricula for the most part are similar to shose of nonsectarian schools of social work (Reid, 1971, p. 1161)."

Thus, as professionals, social workers in Catholic agencies tend to subscribe to the variety of ideas and values that achieve prominence within the profession and to conceive of their role in those terms. On the other hand, as employees of *Catholic* agencies, they are formally under the authority of the Church and are expected to represent Catholic beliefs and values. This dual identity is sometimes problematic. The ambiguity of the professional's role is suggested by the remark of a diocesan director of Catholic charities that "workers subscribe both to a Catholic moral framework and to the principle of self-determination (personal communication)." But, as suggested above, many workers have tended to minimize this ambiguity through a primary identification with their professional role.

Many of the provisions made by reformers of the Catholic welfare enterprise to guarantee its religious character have proven unsuccessful. This has already been noted in the case of Catholic schools of social work; it is also exemplified in the formal and informal power-structure of the now-common diocesan welfare organizations. In some dioceses, it is no longer required that a priest be the diocese-wide director of Catholic social services. Although he must be a Catholic, it is sufficient that he be a trained professional, usually a social worker. Moreover, although the Bishop of the diocese continues to hold formal authority over the whole enterprise, his authority is more formal than actual. He might intervene in situations that involve flagrant violation of norms cherished by the Catholic community. In general, however, other circumstances — professional ideologies, local pressure groups, and the expectations of funding organizations — tend to mold agency policies. As a result, "there may be considerable variation between official church positions and actual program operations (Reid, 1971, p. 1158)." The situation is epitomized in the response of an agency director to the question, "What would happen if the Bishop in that diocese made demands that were incompatible with those stipulated by funding sources?" She responded, "He wouldn't do so, because then *he'd* be stuck with having to get us our money (personal communication, 1972)."

In many respects Catholic social services today are indistinguishable from those operating under nonsectarian auspices (Brother Joseph Berg, of NCCC, personal communication, 1972). Catholic and non-Catholic personnel serve Catholic and non-Catholic clients through generally secular treatment programs. Professionals manning Catholic charities, like other professionals, are intent on being up-to-date with new ideas and approaches in their fields (Gallagher, 1960, p. 136). This state of affairs is in striking contrast to the parochialism characteristic of Catholic charities in the nineteenth century, when both helpers and the recipients of help were Catholics, and when all ideas issuing from non-Catholic quarters were viewed with suspicion. The change is summed up in the response of the agency director cited above to a statement describing the religious spirit infusing Catholic social work: "You must be thinking of the old days, when the immigrants came." Apparently the "old days" are gone.

Child-Care Since 1920

Proceeding at a slower pace, comparable changes in orientation have taken place in the area of child care. Indeed, the gradual disappearance or transformation of the large congregate institutions that arose during the nineteenth and early twentieth centuries is indicative of the transformation of Catholic charities into Catholic 'social services.'

The resistance of these bastions of conservatism was either bypassed or dissolved. Because many of the congregate institutions were under the authority of the religious orders that staffed them, the liberals controlling the diocesan bureaus of social welfare were unable to simply order these institutions either to change or to close their doors. Instead, the reformers developed their own extensive child-care provisions, by means of which they intercepted many children who would otherwise have been placed in one of the older institutions. Believing with the mainstream of American child-care specialists that children should be kept out of congregate institutions if at all possible, they developed extensive evaluation and case-work services as well as adoption and foster home programs. Institutionalization was only one of several alternatives considered by these agencies. Thus, programs of foster-care and adoption entered the Catholic framework as 'counter institutions' rather than through the transformation of existing institutions.

Increasingly utilized by referral agents such as Catholic individuals, state departments of welfare, and the courts, these agencies gained considerable influence over the older congregate institutions. Since they were in a position to decide whether and where a child should be institutionalized, they controlled the stream of children entering the congregate institutions. These institutions were thus forced to adapt themselves to the expectations of the progressives.

Another set of pressures also influenced the evolution of these institutions. Improvement of health conditions, the rise of the Catholic community into the middle class, and programs of public assistance to needy families, served to eliminate many of the traditional reasons for institutionalizing a child. There were fewer orphans and half-orphans, and fewer families that could not handle the burden of raising a child. In order to survive, the institutions were forced to assume more specialized roles and to adopt policies of accepting non-Catholic children (with consequent changes in programming). Pressures emanating from extra-sectarian funding agents also encouraged such developments. In addition, since institutions that failed to meet standards enunciated by the Child Welfare League of America had difficulty receiving public funds, many institutions revised their programs in accordance with these standards (Brother Joseph Berg, NCCC, personal communication, 1972).

In short, a number of circumstances conspired to make it necessary for the old, congregate institutions to take on new roles. Increasingly, they have sought an identity as treatment centers, rather than as custodial institutions (Emmet Roche, Director of Catholic Charities, Archdiocese of Detroit, personal communication, 1972). In many cases, the old congregate institutions have been converted into cottage plan arrangements, and group-work techniques, case-work, and various byproducts of the mental hygiene movement have been included in their programs (Gill, 1951, p. 83). This change has been accompanied by the proliferation of professionals in Catholic institutions. The professionals are not exclusively lay people; increasingly, Sisters from Religious Communities — the traditional staff of many child-care institutions — have received professional training (Lennon, 1957, p. 141).

That such changes have taken place should not mask the fact that the initial attempts to introduce them met with a great deal of resistance. The early struggles between the reform group that came to control the diocesan bureaus and the religious orders staffing the child care institutions persisted for many years; professional social workers were accepted into the old institutions resentfully, and their efforts to modify existing programs met with tremendous resistance (McGovern, 1948, pp. 149-151, 156-157). As late as 1944, the ability of these institutions to resist change was noted by Hopkirk in his *Institutions Serving Children* p. 53):

> Monastic, and in the wider sense of the word, institutional, traditions play a part in

> keeping most dependent Catholic children in institutions. Notable exceptions to the tendency among Catholics to cling to institutions and consequently delay the development of foster home service are encountered.

But the exceptions had not yet become the rule. McGovern's *Services to Children in Institutions* (1948), a book primarily about Catholic child-care provisions, is still concerned with emphasizing the undesirability of large, congregate institutional arrangements and the importance of utilizing trained, specialized personnel. Nonetheless, pressures to change had their impact (Hopkirk, 1944, p. 53), and have continued to do so until the present. Where changes did not take place, the old congregate institutions were often forced to shut down, a process that still finds expression now and then in the newspapers under such headlines as "Angelus Hall Yields to the Times (*Detroit Free Press*, August 1, 1972)."

Catholic Child Care Today

The extent of the change that has taken place since the turn of the century, when large, congregate institutions were virtually the only child-care provisions under Catholic auspices, is suggested by the declaration of a Catholic welfare leader in 1960 (Gallagher, 1960, p. 137):

> The philosophy of service in Catholic agencies is keeping pace with the developments in the professional field so that varieties of service apart from the institutional programs are offered to dependent and neglected children. Catholic social services have given notable leadership in the trend toward developing cottage type institutions as distinguished from the congregate type provided for dependent children.

Children today usually enter the Catholic welfare system through a social agency providing diagnostic testing, case-work services, and foster-care and adoption programs. Such agencies, the modern-day descendants of the child-placing bureaus that were first established at the turn of the century, treat the child much as he would be treated at a nonsectarian agency. Wherever possible, he is kept in a family — preferably his own; where this is not possible, treatment in a foster home or an institution aims to make it possible for him to return to a permanent familial setting. The provisions made for the child are based on his needs as determined from a professional, rather than a religious framework. Although efforts will be made to place a Catholic child in a Catholic setting, Catholic children will sometimes be placed in non-Catholic foster homes or institutions, e.g., where there is no Catholic-sponsored institution with resources to deal with the problem. Conversely, although the population with which it works is primarily Catholic, the Catholic child-care system also provides for non-Catholic children.

Other Trends

Although for many years service to non-Catholics was regarded by Catholic agencies and institutions as a compromise necessary for survival, in recent years there have been other motives for such service. Declarations issuing from Vatican II that the Church has the responsibility to serve all men — including non-Catholics — have had a profound influence on Catholic social thought and activity. Strong sentiments have developed that Catholic social services should be open to all needy individuals regardless of religion. Moreover, Vatican II has been interpreted to mean that the Church must work to alleviate all instances of social injustice. Among some, indeed, it is felt that inactivity in this respect constitutes complicity with the oppressors of the poor. The contrast between this new conception of the social role of the Church and the old one is aptly suggested by the following statement, which purports to interpret Vatican II (Hayes, 1967, p. 7).

> Apparently, the role of the Church in the provision of social services is to witness Christ in serving the needs of man. It is not for a defensive practice, as in the past, of protecting the faith of those we serve, nor even of directing the minds and wills of the needy toward a specific religious belief. Rather, our mission is to compassionately,

> non-judgementally, competently, and through the love of Christ, offer every assistance possible to relieve distress, disturbance and problems of individuals and families in need.

The impact of this attitude has been great. "Today, most Catholic agencies and institutions see themselves as part of the total community. Their clientele is anyone who is in need (National Conference of Catholic Charities Study Cadre, 1972, p. 44)." In some cases, policy-making boards of local agencies include non-Catholics in order to guarantee that the agency adequately serves the whole community. Moreover, special provisions are often made to enable the indigenous community served by the agency , even if not predominantly Catholic, to make use of its resources (Study Cadre, 1972, p. 44).

The same attitude is expressed in social action. At both local and national levels, Catholic [illegible] organizations have been actively involved in efforts to achieve social justice through institutional reform. The responsibility for social action has recently been reiterated by the National Conference of Catholic Charities Study Cadre (1972, p. 5):

> Catholic Charities has another major and most important role . . . to address itself to the injustices of society, to courageously call attention to the root causes of poverty and oppression. While Charities must at times speak out for the poor, the more desirable goal is to enable and assist the poor to speak out for themselves. In this way they can grow and become truly responsible for their own lives and destinies.

The nonpaternalistic intent of this statement typifies this new movement within the Church. The quest for new role-definitions precipitated by Vatican II has thus led to new activities and to questioning long-standing policies.

IV. THE JEWISH EFFORT IN SOCIAL WELFARE

The Early Period

Tradition holds that when the first Jews came to New Amsterdam in 1654, Peter Stuyvesant sought permission from the Dutch West India Company to prevent them from remaining. Partly because large amounts of Jewish capital were invested in the company, it denied his request. It ordered Stuyvesant to permit the Jews to settle in New Amsterdam so long as they provided for their own poor (Bogen, 1917, pp. 4, 84-85). According to Salo Baron, the stipulation that Jews take care of their own was like "carrying owls to Athens (Stein, 1956, p. 11)." There were, among the Jews, longstanding traditions of tsadaka or charity, with roots both in the religion of Israel and in the social history of the Jewish minority in Christian Europe. The Bible, the Talmud, and later codifications of Jewish law (notably by Moses Maimonides) stress (and interpret) the injunction to be charitable, an injunction founded not on mere benevolence but on justice (Bogen, 1917, pp. 16-23; Stein, 1956, pp. 5-7; Kutzik, 1959, pp. 41-46). So important is charity, declares the Talmud, that a city is not worth living in if it does not have a charity chest (Kutzik, 1959, p. 42).

The social situation of the Jews in Europe served to support the intent of religious injunctions. According to Baron (Kutzik, 1959, p. 46),

> The need for solidarity, inherent in the life of a struggling minority, combined with the all pervading theory of the equality of all Jews, tended to sharpen the sense of social responsibility.

Moreover, because they lacked political power, social welfare goals rather than political ambitions were the focus of Jewish communal endeavors (Kutzik, 1959, p. 47). Jews and their secular governors regarded the Jewish community as exclusively responsible for supporting its members. Many communities taxed their members for purposes of charity, a practice justified by declarations of Talmudic rabbis that all must support those in need. In some instances, the practice received the support of the Jews' secular rulers, both in the Middle Ages and as late as the nineteenth century, they sometimes empowered representatives of the Jewish community to impose charity taxes on all members of the community (Lurie, 1961, p. 7). Sometimes, as in nineteenth century Russia, taxes for this purpose were imposed and collected by the secular authorities themselves. Affixed to such items as Sabbath candles and Kosher meat, part of the money would be returned to the community for its charitable purposes, while the rest would be used to support activities that were anathema to the Jews, such as the building of churches (Bogen, 1917, pp. 40-41).

The principle of communal responsibility for all members was thus well established both theologically and in practice, when Jews immigrated to this country in the seventeenth century and at later times, they brought this principle with them. Moreover, even those for whom religious beliefs and communal expectations were of lesser importance, as was the case with many nineteenth century German immigrants, had ample motive to comply with this traditional responsibility. The failure of Jews to care for the needy among them might well stimulate anti-Semitic sentiments directed against all Jews. The latter concern is implicit in the incident that was the starting point of American Jewish history, and it continues to be important as this history unfolds.

Through the eighteenth century, Jewish immigration was very light, by 1790, there were no more than 2,500 Jews in the United States, most of them living on the Eastern seaboard (Stein, 1956, p. 11). Under such conditions, they had little difficulty keeping the bargain struck with the Dutch West India Company. Charity was handled almost exclusively through the synagogue (Bogen, 1917, p. 86), which provided the poor with interest-free loans, wood during the winter, a free burial plot, and *matzoth* for Passover (Stein, 1956, p. 10). Similarly, collections enabled the community to dispense aims to its poorest members, thus saving the latter from the ignominy of placement in the public almshouse, and saving the community from a collective humiliation. During this early period, there was no need to make special, formal provisions for dependent children. They were few in number and were easily boarded out at community expense or apprenticed to local tradesmen (Bernard, 1973, p. 2)

In the nineteenth century, Jewish immigration was very heavy. For example, the Jewish population of New York soared from 500 in 1820 to 60,000 in 1880 (Stein, 1956, p. 11). As a result, the informal, synagogue-centered welfare provisions that had evolved under less stressful conditions no longer sufficed to meet the needs of the community. Many mutual aid societies were established for the purpose of helping Jewish immigrants adjust to this country and to prevent their becoming dependent on public relief. Their success in providing for the poor is suggested by the fact that for the period from 1800 to 1850 the records of New York City made reference to no more than five Jews residing in a public almshouse (Stein, 1956, p. 11). In spite of this success, however, all was not well in the Jewish community. The German Jews, the first immigrant group to come in large numbers, felt humiliated by their dependence on charitable provisions established and controlled by the Sephardic Jews who had settled in this country in the seventeenth and eighteenth centuries. They sought to assert their autonomy by establishing their own welfare provisions embodying their own beliefs and values. Thus, in New York, the Hebrew Benevolent Society, established by the settled Jewish community in 1822, found its counterpart some years later in the German Hebrew Benevolent Society (Bernard, p. 6).

The short-run significance of the German immigration is that it necessitated the establishment of extensive and increasingly formal charitable institutions. Its long-run impact on the Jewish welfare system is of even greater importance, and must be considered in the light of the outlook characteristic of the German-Jewish immigrants.

In Germany, the emancipation of the Jews from the restrictions that had served to segregate them from the mainstream of European society began in the eighteenth century (Stein, 1956, p. 12). Eager to justify the relaxation of medieval constraints and to win for themselves rights not yet acknowledged, many Jews sought to minimize the differences that distinguished them from non-Jews. Espousing the cause of assimilation, they sought to adopt the ways of the dominant culture, thus demonstrating that being a Jew and being a citizen of a modern nation were not incompatible identities. Heavily influenced by the thinking of the Enlightenment, their assimilation was facilitated by a reinterpretation of Judaism in light of modern rationalist thinking. 'Reform Judaism,' as it first emerged in Germany, was shorn of the traditional customs and rituals that tended to promote Jewish isolation from the larger society and to call forth anti-Semitic sentiments. For the 'modern' Jew, as he emerged in Germany (Stein, 1956, p. 12), social life no longer revolved around the synagogue and the Jewish community; his Jewishness was concentrated into a single role, distinct from other social roles, in which a secularist outlook predominated.

As they rose to dominance in the American Jewish community, the secularist and assimilationist outlook of the German Jews was embodied in the welfare provisions they established. It was largely under their influence that Jewish charitable provisions came to be separated from the synagogue, and their tasks construed in secular terms (Lurie, 1961, p. 16). One of the consequences of this freedom from religious control was that Jewish welfare organizations were more open to ideas and ideals emanating from the mainline culture than might otherwise have been possible.

The separation of welfare and religion that began in this period has persisted until the present. The centrality of secular models in contemporary Jewish welfare agencies is continuous with precedents established in the nineteenth century.

The separation of welfare functions and religious functions has also had another consequence of great importance to the American Jewish community. The welfare organization quickly displaced the synagogue as the central Jewish communal institution:

> By the end of the Civil War, the synagogue had ceased to be the central power in communal life. The charitable organization became increasingly important, particularly as a vehicle for social prestige. As Baron notes: 'The shift of the center of gravity of Jewish community life from the synagogue and school to the charitable organization is one of the most intriguing facets of American Jewish history (Stein, 1956, p. 13).'

The persistence of this phenomenon is not, however, exclusively due to the outlook of nineteenth century German Jews. Separated by different political, social, and religious viewpoints, charitable institutions have provided aims with which almost everyone could identify. More than other Jewish institutions, the federation of Jewish philanthropies

> has the advantages of an appeal to the Jewish population as a whole, an inherently generic appeal in which the humanitarian motive is the basic component. Federation (of Jewish philanthropic organizations) is in most cities, potentially, if not actually, the center of broad Jewish communal interests (Lurie, 1961, p. 285).

It was also a consequence of the German outlook that their welfare institutions, which served later immigrants, embodied an assimilationist ideal. In contrast to nineteenth century Catholic welfare institutions which sought to protect traditional cultural and religious outlooks, those promoted by the German-Jewish community were largely instruments of Americanization. Although interested in preserving the immigrant's identification with the Jewish community, German-controlled institutions self-consciously sought to remove characteristics or styles of behaving that marked the immigrant as different from a native-American, and to provide him with their distinctively American counterparts — language, holidays, dreams, and dress.

Eastern European Jews, who came in great numbers after 1880, were the primary recipients of this kind of treatment. Settlement houses, schools, and other institutions established by the dominant German-Jewish population, had the explicit intent of Americanizing the immigrants. They were taught English, and encouraged to sing national (American) songs, and to celebrate national holidays. They were also discouraged from speaking Yiddish, sometimes by not being allowed to use it for communication within these institutions (Bogen, 1917, pp. 228-229).

While the German-Jewish approach to their Eastern European brethren in part reflects their positive attitude toward American life, it also testifies to their negative opinion of the newer immigrants:

> Uncouth and unpleasant in their appearance though picturesque, foreign in speech and manners, different even in their everyday religious practices, they were complete strangers to those who befriended them (Bogen, 1917, p. 226).

Or, as the sociologist Wirth described the situation which developed in Chicago:

> And yet they did not wish to have these Jews too close to them. These Russians were all right but they had to keep their place. All sorts of philanthropic enterprises were undertaken in their behalf, but in the management of these enterprises and beneficiaries were given to voice (Stein, 1956, p. 23).

However much the settled German Jews may have wanted to disassociate themselves from the Eastern Europeans, they could not easily avoid providing for them. On the one hand, a deep sense of communal responsibility— "Jews take care of their own"— sometimes overcame the assimilated Jew's repugnance for the immigrant. On the other hand, because the new immigrants were Jews, even the most settled and assimilated Jews could not be indifferent to the way newcomers fit into American social life. Hostility to the Eastern Jews, they feared, would have repercussions for all Jews, as it apparently did in the latter part of the century. The rise of anti-Semitism at that time was regarded by the German Jews as a direct consequence of the Eastern European immigration (Bernard, p. 19).

The assimilated Jewish population therefore had a great stake in Americanizing the immigrant Jew as quickly as possible, for the immigrant was a threat to their reputation and security. They approached him and sought to transform him in the same way as did Protestants of this period. In a sense, the German Jewish population acted toward the Eastern Europeans as an agent of the dominant culture, from which they had a tacit mandate to transform them.

The Eastern European immigrants, however, were neither ignorant of nor indifferent to the character of the help offered by the German-controlled institutions. They found them patronizing (Bogen, 1917, p. 236) and viewed them with mistrust and antipathy (Bogen, 1917, p. 234). They resented the utter indifference of these institutions to their culture and values, and viewed their programs as attempts to dissolve traditional feelings and to replace them with the religious and cultural ideas of Reform Judaism (Lurie, 1961, p. 71). As a result, the immigrants often created their own welfare institutions in order to better serve the members of their group (Lurie, 1961, pp. 14-15). The hostility between the German Jews and the Eastern Europeans, which gave rise to competing institutions which duplicated one another's services, was to remain a serious problem for many years to come.

Child Care in the Nineteenth Century

Child care provisions in the nineteenth century exemplify the various developments just described. The heavy German immigration left many orphans and neglected children in its wake, and the all-purpose benevolent societies were soon unable to provide for them all. Efforts to establish more extensive child care provisions were often stimulated by the fear that children not provided for would fall into the hands of non-Jews. To cite an example, New York's Jews had felt the need for an orphanage since a devastating yellow fever epidemic around 1840. Because the merger of the two major mutual aid societies of the period the Hebrew Benevolent Society and the German Hebrew Benevolent Society would be required in order to build an orphanage, no orphanage was built for many years; merger discussions went on and on without success. It was only after an article appeared in the *Jewish Messenger* of 1859, informing the community that a Jewish child had been placed in a non-Jewish institution and converted to Christianity, that the merger was accomplished and the orphanage built (the Hebrew Orphan Asylum) (Bernard, pp. 6-8). Similarly, when over-crowding forced the Hebrew Orphan Asylum to be more selective in its acceptance procedures, it was the threat of Jewish children being committed to non-Jewish institutions that led in 1879 to the establishment of the Hebrew Sheltering Guardian Society (Bernard, p. 16).

These and other institutions built by the Jewish community in the nineteenth century were similar to those built by other groups. They were large congregate-style institutions housing large numbers of children under one roof. Institutional clothes, highly regimented schedules, and stern, if not cruel, disciplinary techniques were the rule (Bernard, pp. 21-31). Funds came from charity-raising events and solicitation, though in some cities, like New York, extensive aid was received from the public purse in the period following the Civil War.

With the massive immigration of the Eastern European Jews beginning around 1880, the number of child care institutions multiplied. The threat that the immigrant posed to American Jewish respectability, a sense of communal responsibility, and the fear that uncared-for children would be provided for by non-Jews, stimulated the settled Jewish population to provide institutional care for dependent children, and to provide other forms of help through schools and settlement houses to children who were not dependent. These child care institutions were agents of Americanization, as their characteristic features suggest. Often, the directors insisted that all children attend the public schools (Bernard, p.27). Even more telling is the fact that four of Horatio Alger's books were serialized in the magazine of New York's Hebrew Orphan Asylum (Bernard, p. 33). Equally significant is the attitude taken by these institutions towards the parents of the children cared for (if one or both were alive). Immersed in a ghetto culture and speaking Yiddish, or with strong Yiddish accents, the parents, it was felt, could only be a hindrance to the success of their children. Policies were therefore established preventing the parents from visiting frequently, even though other visitors, especially affluent individuals, were welcomed. Thus, "institutional life spelled death to many a family tie (Bernard, p. 33)."

Antagonized by the scarcely veiled attempt to wean their children from their cultural and religious traditions, and worried by the generational gaps fostered by these institutions, Eastern European Jewish immigrant communities sometimes turned away from their would-be helpers and established their own child care provisions, embodying their values and traditions. Of special importance to the immigrants, many of whom were Orthodox Jews, these institutions conformed to the dietary laws of Kashrut, which the institutions founded by the German Reform Jews often refused to do.

1900-1920

The Jewish social welfare 'establishment,' like that of the Catholics, has its roots in the first two decades of the twentieth century. It was a time characterized by attempts at large-scale organization and by efforts to introduce more efficient and rational methods for dealing with the poor and needy. Jewish leaders promoting the ideal of 'scientific charity' participated in and approved of the activities of such organizations as the National Conference of Charities and Corrections and the Charity Organization Societies. The success of such organizations stimulated them to establish the National Conference of Jewish Charities (Lurie, 1961, p. 36). Leaders in Jewish social work openly acknowledge their debt to the non-Jewish social work tradition (Lurie, 1961, pp. 36, 60-61) which advocated rational, individualized programs for those in need. They also sought to impress on Jewish welfare organizations the need for trained professionals, and a number of temporarily successful efforts to establish training programs under Jewish auspices are scattered through this period (Bogen, 1917, pp. 335-336). Also, at this time, the first paid charity workers were introduced into Jewish organizations (Stein, 1956, p. 55).

One of the most important developments in the early 1900's was the establishment of local federations of Jewish philanthropic organizations, originally organized for the purpose of promoting more efficient and more profitable fund-raising (Lurie, 1961, p. 38). When a federation established in Cincinnati in 1896 succeeded its very first year in doubling the amount of money contributed to local agencies (Stein, 1956, p. 45), other cities followed suit. By 1917, 45 cities had federations of Jewish charitable organizations, and in each case, federation had produced an increase both in the number of contributors and in the amount contributed (Bogen, 1917, p. 44). Although the early federations were established as exclusively fund-raising organizations, which were to leave intact the autonomy of beneficiary agencies (Lurie, 1961, p. 47), they gradually assumed coordinating functions (Stein, 1956, p. 46). In 1923, Frances Taussig observed (Morris and Freund, 1966, p. 189):

> Essentially, the Federation realized that it had the task of not only financing existing organizations, but also of measuring their work in relation to the need — of adding to the equipment of some, of taking the initiative and having the aggressive strength to abolish meaningless, duplicating, or poorly functioning activities, and of creating anew where unmet needs were found.

Thus, at the cost of being accused now and then of unfair apportionment of funds, the federations began during this period to use the power implicit in their right to allocate Jewish communal funds; they began to supervise and coordinate the work of beneficiary agencies.

The first federations, as well as the movement to render social work more individualized and efficient, were primarily the work of the socially ascendant German-Jewish population. Their work met with much resistance from the Eastern European Jews, whose ranks continued to swell in the first two decades. Mistrustful of "scientific charity (Stein, 1956, p. 48)," the latter group continued to establish its own welfare provisions, and often refused to support the German-controlled federations. One reason for this was that, even as members, they were denied adequate if any representation on federation boards (Lurie, 1961, p. 54; Stein, 1956, p. 48; Morris and Freund, 1966, p. 236). The wealthier Eastern European Jews therefore often refused to contribute to the federations' annual fund-raising campaigns (Lurie, 1961, pp. 48-49). An even more radical gesture of defiance was made by the Eastern European Jewish communities of Chicago and Baltimore. The philanthropic organizations of these communities organized their own fund-raising federations, which for some ten years competed with the older federations for the resources of the Jewish community (Bogen, 1917, pp. 44-45).

The hostility with which the Eastern Europeans regarded the charitable provisions and federations established by the German welfare leadership was sufficient to stimulate some changes in the institutions controlled by assimilated American Jewry. In an effort to conciliate the newer immigrants, for example, the settlement houses and other German-supported institutions abandoned the policy of disallowing the use of Yiddish (Bogen, 1917, p. 230). Similarly, the establishment by Orthodox groups of strictly Kosher orphan asylums, like the Nathan Marks Orphan Asylum in Chicago, stimulated more liberal institutions to introduce Kosher kitchens in order to win the support of the (often Orthodox) Eastern Europeans (Bogen, 1917, pp. 165-166). Even the federations tried to avoid alienating the immigrant. Eastern Europeans had, by 1925, joined the ranks of the once exclusively German leadership. Although the German Jews continued to predominate, they were "no longer exclusively in the saddle (Freund, 1966, p. 173)."

Child Care: 1900-1920

In the area of child care, the most striking phenomenon in the early twentieth century was the battle between the proponents of congregate institutions and the advocates of foster care. Heavily influenced by progressive Protestant thinking (Lurie, 1961, pp. 75-76), the Jewish advocates of reform were sharply critical of the congregate institution, the chief facility used by the American Jewish community to provide for its dependent children. The most outspoken critic of congregate care, Ludwig Bernstein, was appalled by the rigidity of these institutions, which subjected each child to the same mechanical routine and inevitably failed to develop his individuality. In Bernstein's opinion, the congregate institutions were carrying out, on a small scale, the Spartan ideal of the collective training of youth (Morris and Freund, 1966, p. 161). It was his view, and that of his fellow reformers, that placement in a foster home or cottage plan institution was greatly preferable to life in congregate institutions; even more preferable was the option of keeping the child in his own home, if at all possible. The conservatives who supported the traditional congregate institutions were equally vocal in their opposition to the new ideology. Their most eloquent spokesman was Rabbi Wolfenstein of the Jewish-sponsored Cleveland Orphan Asylum, "who insisted on paying surprise calls to several HOA foster homes at seven in the morning (Bernard, p. 50)."

> The Cleveland orphanage head's stated intent was to prove unequivocally that *no* home could possibly equal the orderly character-building routine of a congregate institution at the same hour (Bernard, p. 50).

Wolfenstein also presented statistics based on his records which, he believed, demonstrated the effectiveness of congregate institutions. Of 1,534 recorded graduates, only 22 had developed 'bad records (Bogen, 1917, pp. 162-163.' Among those who supported Wolfenstein's views were many members of the Eastern European community (Stein, 1956, p. 39), especially the (religiously) orthodox. In the same way that many turn-of-the-century Catholics defended the continued use of congregate institutions, "Certain orthodox leaders also maintained that the orphan asylum was necessary, as a way of preserving Jewish culture and dietary provisions and maintaining the religious beliefs of Jewish children (Stein, 1956, p. 41)."

The newly founded National Conference of Jewish Charities lent its support to the reformers. In fact, one of the most important reformers, Lee Frankel, was chairman of the Conference's Committee on Child Dependency, and in 1902, Frankel's report of the recommendations of his committee expresses a preference for foster care (Morris and Freund, 1966, p. 99):

> it will suffice to say that the home is a natural product, the institution an artificial one, and that all other things being equal, the former is to be preferred to the latter.

Moreover, even if institutionalization is necessary, Frankel continues, it should never be in a congregate institution (Morris and Freund, 1966, p. 102):

> It is axiomatic to state that where the institution is required, the best possible results will be obtained from the cottage plan, through a system of small detached houses, rather than one large building in which all the children are housed. Such a plan is the closest approach to the home that can be accomplished.

Although the large congregate institutions survived the first decades of the twentieth century, the balance began to swing in the direction of foster care and cottage plan institutions. Two special circumstances accelerated this development. First, the proponents of foster-care and cottage-plan institutions were in concert with mainstream American thinking, a fact suggested by the high praise of the 1909 White House Conference on Child Welfare for Jewish cottage plan arrangements (Stein, 1956) and by its emphatic declaration that the family home is the natural place for children (Lurie, 1961, p. 79). Secondly, the continuing flood of immigrants left in its wake so many dependent children that existing congregate institutions could no longer absorb them. In 1904, for example, 750 children were living in Protestant, Catholic, or public institutions (Bernard, p. 48). Foster care provisions thus became acceptable to many who would have opposed them in the absence of a crisis (Bernard, p. 48).

It was, therefore, in the 1900-1920 period that agencies providing foster care and adoption services first entered the Jewish welfare system. Efforts to find private homes for Jewish children began in 1904 when a committee of Jews joined forces with the New York City Department of Charities to initiate a successful home-finding program (Bernard, p. 49; Bogen, 1917, p. 160). Similar programs were developed in other cities. In Chicago, for example, philanthropist Julius Rosenwald succeeded in organizing the Home Finding Society, which sought to find families that would adopt neglected children (Bogen, 1917, p. 163).

As noted above, programs of this kind had their beginnings in the belief that the individuality of the child could freely develop only within the context of a family, in which the child would be supported and guided by attentive, nurturing adults. This belief led to efforts to discourage parents from giving up custody of their children and to efforts to eliminate those circumstances which often forced them to do so. Thus, speaking in 1902 for the Committee on Child Dependency (Morris and Freund, 1966, pp. 101-102), Frankel suggested that

> . the placing out of many children could be prevented if the earnings of the surviving parent could be supplemented sufficiently to keep the family inatct. A thorough boarding-out system should first of all consider the possibility of placing children with their own parents, the natural guardians, who have relinquished their proprietary rights through causes that can, in many cases, be readily overcome.

The movement to eliminate the economic causes of child-dependency led Jewish communities to subsidize widows with children. It also led Jewish welfare leaders to promote legislative reform.

They pointed out that in New York, for example, the state was unwilling to subsidize the natural mother of a child but was willing to provide aid to the foster parents who assumed care of the child. Thus, they demanded public assistance to widows unable to support their children (Bernard, pp. 50-51). Efforts to change the situation culminated in New York's Child Welfare Act of 1915 which provided for the subsidization of widows with children (Bernard, p. 52). Jewish activism in this area helped to establish comparable legislation in other states (Lurie, 1961, p. 77).

In addition to programs of adoption, foster care and Aid to Widowed Mothers, the first cottage plan institutions under Jewish auspices made their appearance in the early twentieth century. One of them, operated by the Hebrew Sheltering Guardian Society, became a national showplace. Under the direction of Ludwig Bernstein, the arch-enemy of congregate care, the HSGS moved from its congregate facility in New York City to a newly built cottage style arrangement in Pleasantville, New York. Visited by President Taft, and described by the Russell Sage Foundation as "undoubtedly the best equipped institution for children in the world (Bernard, p. 55)," the new institution was the prototype for three other institutions established within five years of its opening (Bernard, p. 55).

At Pleasantville, 25 to 30 children of different ages lived together in each cottage. The 'cottage mother' assigned the older children responsibilities in caring for their younger 'brothers' or 'sisters' (Bernard, p. 56).' Moreover, "The children did all their own housekeeping — sweeping, dusting, scrubbing the floors — and helped their 'mothers' prepare the strictly kosher meals (Bernard, p. 56)." In significant contrast with the old congregate institutions, neatness was hard to maintain. This did not, however, disturb the director of the institution who remarked that "the best cottage mothers were rarely the most meticulous housekeepers (Bernard, p. 56).'"

Other features of the Pleasantville institution included democratic participatory patterns of involvement for the children (there were Boys' and Girls' Republics and cottage councils) and an intensive educational program that included technical and academic work. French, German and Latin, Hebrew and Jewish history, as well as more standard school subjects were compulsory for all children (Bernard, p. 56). The technical-vocational program steered the boys to various 'shop' activities and the girls to the garment trades, the kitchen, and the business office (Bernard, p. 56). According to Bernard (p. 57), "Such a 'sexist' division of vocational choices would earn the school sharp criticism from young women today. But it provided skills that were salable in the job market of that day."

The ideas that inspired the establishment of the Pleasantville institution (ideals of rationally supervised, individualized treatment in family-like settings) were also at work in other innovations introduced by the Hebrew Sheltering Guardian Society. For example, Fellowship House was established as an after-care bureau, for the Pleasantville alumni. It provided a home-finding bureau which sought out and carefully supervised boarding homes for alumni and also helped in finding them employment and adult 'friends (Bernard, pp. 59-60).' Although not always as well developed as Fellowship House, comparable programs were introduced by other institutions during this period.

The significance of the Pleasantville institution lies not only in the fact that it highlights changing styles in Jewish-sponsored child care programs but also in its being the first of a number of ventures that were to establish Jewish child care agencies as 'pioneers' an identity which Jewish agencies have been eager to preserve (Stein, 1956, p. 69; Cohn, 1951, p. 260). Thus, in 1959, a document prepared by the Council of Jewish Federations and Welfare Funds Child Care Committee declared (CJFWF, 1959, p. 10):

> There is a body of opinion that in the long view the public agency will take full responsibility for helping families to provide child care needs. It is, however, impossible to envision that in America efforts to improve services to children will ever

> remain static. If this is so, there will always be a role for the voluntary effort in this area.

Rather than viewing their programs as providing 'uniquely Jewish' forms of treatment, qualitatively distinct from services provided in other quarters, Jewish child care agencies, from the days of Pleasantville, have viewed their work as that of pioneering paths that will later be followed by agencies under non-Jewish auspices. In this respect, they have differed from Catholic agencies which have tended to view their programs as attempts to provide distinctively Catholic programs as an alternative to secular programs offered by public and nonsectarian agencies. Unlike the Jews, Catholics have tended to reject the 'experimentalist philosophy' in which experimentation with new forms of service is a principal responsibility of the voluntary social service agency (Gallagher, 1960, pp. 137-138).

Social Service Since 1920

The period that began about 1920 was one in which the reforms inaugurated in the first two decades of the century were completed and elaborated. The federations of Jewish philanthropies and their once-a-year fund-raising campaigns became routine features of the Jewish welfare system. Moreover, the federations came to assume increasingly active roles in shaping the activities of beneficiary agencies, forsaking the policy of permitting agency autonomy. Although that policy was sometimes violated even before 1920 (Bernard, pp. 64-65), it was not until the Depression years that the federations formally renounced it in favor of an explicit policy of greater control over their beneficiary agencies. This change was necessitated by the curtailment of available funds during the Depression. In accordance with the new policy, the federations used the power derived from their ability to allocate resources to eliminate antiquated services and to consolidate beneficiary agencies when this was in the interests of the Jewish community (Lurie, 1961, pp. 118-120). This policy was not abandoned after the Depression; making use of the extensive research done by their national council (the Council of Jewish Federations and Welfare Funds), the federations have continued to exert considerable influence on the character of Jewish welfare provisions to this day. Asked to describe the situation in a recent interview, Samuel Goldsmith, the former executive director of the Chicago Federation, characterized federation-affiliated agencies as having a 'manipulated autonomy (personal communication, November, 1972).' Agencies are sometimes bitter about the allocation decisions made by the federations but they feel that they have no choice but to accept them (Lurie, 1961, p. 342). Now that federations are the recognized fund-raisers in Jewish communities, a disaffiliated agency would get very poor results in conducting its own campaign (Lurie, 1961, p. 342).

The success that the federations had in consolidating and coordinating the Jewish welfare system was facilitated by the cessation of immigration following the imposition of restrictive immigration laws. The dwindling supply of immigrants forced many of the charitable organizations founded by Eastern European immigrants to close down. Moreover, as the Eastern European immigrants and their children were gradually Americanized, the Jewish community became increasingly homogeneous and the ethnic struggles that had found expression in competing welfare organizations began to subside. Improvement in group-relations made it possible for increasing numbers of Eastern Europeans to sit on federation boards and for unaffiliated agencies operated by Eastern European Jewish communities to join the existing federations (Lurie, 1961, pp. 55-56). In the two cities that had developed duplicate federations, better group-relations made mergers possible in the early 1920's (Lurie, 1961, p. 55). Eventually, especially after the Depression, the need for efficiency and economy forced many Jewish agencies to consolidate with former competitors.

The cessation of intra-Jewish hostilities eventuated in widespread acceptance of the social welfare principles first introduced by the German Jews. Shaped by nineteenth century German immigrants in the light of assimilationist and increasingly secular concerns, these principles were in substantial agreement with the characteristic viewpoints of the dominant American culture into which the newer immigrant was introduced. Thus, whatever challenge the Eastern European immigrants had once posed to the social welfare patterns of the nineteenth century, their efforts failed in the long-run to change the fundamental character of the Jewish welfare system. The separation of welfare functions and religious functions that became characteristic of the Jewish community after the Civil War, has persisted down to the present; moreover, the welfare organization, rather than the synagogue, has continued to be the most apt symbol of Jewish communal identity (Stein, 1956, p. 55). Similarly, the openness of the Jewish welfare establishment to ideas emanating from non-Jewish quarters and a secular approach to the problems of human welfare have remained characteristic of the system (Avrunin, 1960, p. 339). According to Kutzik, (1959, p. 5), "Jewish agencies have not only been unable to bring about Jewish attitudes in their clients but have failed to do so in their staffs." In short, although the descendants of nineteenth century German immigrants no longer have exclusive control over the Jewish welfare system, the ideology of their ancestors continues to operate in this system.

Unconcern with the 'Jewishness' of Jewish social service has been advanced as one of the circumstances responsible for the short life of most schools of social work established under Jewish auspices (Stein, 1956, pp. 87-88). Nevertheless, the post-1920 period witnessed the gradual professionalization of Jewish welfare personnel, who generally received their training at non-sectarian professional schools. By 1942, for example, eleven out of twelve child-care workers had taken courses at graduate professional schools (Lurie, 1961, p. 103). Although social casework ideology was of foremost importance for many years after World War I (Stein, 1956, pp. 53-54), already in the 1920's psychiatrists and psychologists were introduced into Jewish social agencies in conjunction with the mental hygiene movement (Whittaker, 1971, pp. 447-448).

The proliferation of these new kinds of personnel in Jewish social agencies was accelerated by a development of great importance which forced these agencies to redefine their roles. They had originally been established in response to dependency problems stemming from immigration. Economic insufficiency and poor health conditions had both contributed to high dependency rates. In the period under consideration, however, during which Jewish immigration virtually ceased, these underlying causes of dependency were eliminated. Improvement in the economic situation of the immigrants and their children, the introduction, during the Depression, of public welfare assistance, and the improvement of health conditions all served to render increasingly irrelevant the traditional roles played by Jewish charitable institutions. As a result, Jewish social agencies increasingly sought to broaden the scope of their activities so as to be able to extend their services to the total Jewish community rather than to the diminishing number of cases of dependency (Lurie, 1961, pp. 190-191). Thus, relieved of their relief functions by public welfare provisions, Jewish family agencies gave increasing attention to the prevention of family-breakdown through case-work and counseling (Stein, 1956, p. 62). To encourage use of their resources by the increasingly middle-class population they now hoped to serve, agencies introduced fee schedules; thus, clients would not be deterred by the feeling that they were "charity-cases (Stein, 1956, pp. 62-63)."

Thus, although the content of social services under Jewish auspices is not distinctively Jewish, these services have remained Jewish in a significant sense. They receive substantial financial support from the Jewish community, and although a number of circumstances (e.g., the expectations of extra-sectarian funding agencies) have rendered service to non-Jewish clients common, the system as a whole has tended to evolve in response to the changing needs and concerns of the Jewish Community.

Child Care Since 1920

After 1920, the importance of the child care institution declined very quickly. Agencies operating foster homes, on the other hand, became responsible for the placement of large numbers of children. Changing ideologies were largely responsible for the change, in conjunction with the active steps taken by progressive welfare leaders in the Jewish community to ensure that children were placed in foster homes rather than in institutions. Agencies that attempted to maintain policies of indiscriminate institutionalization often found their source of children cut off by progressive child-workers. An illuminating description of this phenomenon in New York, which contained the largest Jewish community, is presented by Bernard (pp. 66-67, 76-79). Prior to 1920, most children reached the congregate institutions through placement by the Department of Public Welfare, which assigned children to different institutions haphazardly. "It was a matter of age, empty beds, and chance (Bernard, p. 66)" and not a question of the most suitable institution for a particular child. Concern over this situation on the part of the local federation and New York's Commissioner of Public Welfare eventually led the city's Jewish institutions to reluctantly agree to a Jewish Children's Clearing Bureau that would complete the intake procedures for all children considered for placement (Bernard, p. 67):

> The new agency was in a perfect position to influence change in child care practices. Not only was it required to study applications for placement and decide on the appropriate action; it also was to rule on applications for discharge and for transfer of children from one institution to another or from one program to another.

Through this agency, the efforts of congregate institutions to continue traditional policies, in defiance of progressive ideas, were subverted. The Hebrew Orphan Asylum, the first of New York's orphanages, was one of the institutions that sought to resist progressive pressures. In 1928, its president declared that

> children boarded out, except in the homes of the finer type, do not receive the many benefits that the children are receiving in our institution, especially in character building from the angle of religious training, general instruction, health, habit formation and regularity of life (Bernard, pp. 78-79).

Although HOA had a Boarding-Out Bureau, it was subordinated to the needs of the institution. According to Bernard (p. 77),

> All HOA children were admitted through the institution's reception house. It was difficult for her [Alice Seligsberg, director of the Clearing Bureau] to be certain where they went from there. She suspected that most of them ended up filling an empty bed in the institution no matter what her recommendation.

In response to this situation, the Clearing Bureau reduced its referrals to HOA, thereby reducing its client population (Bernard, p. 77). In this way, the Clearing Bureau effectively sabotaged the efforts of HOA and other congregate institutions to resist change. Subjected to this kind of pressure, institutions like HOA often abandoned their resistance. In the case of HOA, for example, whereas in 1916 it had 426 children in boarding houses and 1,329 in its congregate plant, by 1940 it had 1,000 children in boarding homes and only 607 in the institution (Bernard, p. 100).

What was true of HOA was true of the whole Jewish child care system: increasingly foster care replaced institutional placement. Already in 1932, the number of children cared for in foster homes exceeded the number of children in institutions; by 1944, 65 per cent of the children served by Jewish agencies were in foster homes while only 25 per cent were in institutions (CJFWF, May, 1953, p. 7).

Increased use of foster homes was not, however, the only reason for the decline of the population served by institutions, as is evidenced by the fact that the absolute number of children in any placement facility (institutional *and* foster care) was sharply reduced during this period. That is, although placement in foster homes was increasingly preferred to institutional placement, the use of any kind of placement facility grew less frequent, resulting in a decrease in the absolute number of children in placement.

Two circumstances account for this decrease. The belief of turn-of-the-century reformers that *any* form of placement should be considered a last resort was actualized in the post-1920 period. New York's Clearing Bureau, for example, worked to overturn the tradition of indiscriminate placement by refusing to recommend placement of any kind until all other avenues of help had been explored (Bernard, pp. 67-68). Annual statistics describing the proportions of children being treated in placement facilities and "elsewhere" testify to the adoption of this kind of a policy. Whereas, in 1931 only three per cent of all children served were being treated outside of placement facilities, by 1951 the percentage of children being treated "elsewhere" had swelled to nineteen per cent (CJFWF, May 1953, p. 8). Ideological considerations provide a partial explanation for this change; however, a second circumstance was very important. Many of the conditions leading to placement for large numbers of children became less common in the years after 1920; improvement in the economic situation of immigrant Jews, public assistance programs, and better health conditions greatly reduced the frequency of orphaned or dependent children (Cohn, 1951, p. 262; CJFWF, May, 1953, p. 5).

A drastic reduction in the number of candidates for placement forced important changes in Jewish child care services. Three-quarters of the institutions existing in 1933 had disappeared twenty years later. While many of them had closed, others were absorbed in mergers with other agencies (CJFWF, May, 1953, p. 6). Actively encouraged by the federations (Bernard, pp. 99-100), mergers were characteristic of the years following the Depression. Through these consolidations, the organizational and ideological sediments of different periods were gathered together. These sediments included the congregate institutions established by German (often Reform) Jews and then by (religiously Orthodox) Eastern Europeans in the nineteenth and early twentieth centuries; the cottage style institutions established by reformers in the early part of the century; and the clearing bureaus and foster care agencies that had become prominent in more recent years. The names and dates of the organizations absorbed in these mergers are testimony to the history of Jewish child care in the United States. Thus, the Jewish Child Care Association, formed in New York in 1940, eventually absorbed ten organizations, including the Hebrew Orphan Asylum (1860), the Brooklyn Hebrew Orphan Asylum (1878), the Hebrew Sheltering Guardian Society (1879) and more recent organizations such as the Orthodox (Eastern European) National Orphan Home (1914), the Daughters of Zion Hebrew Day Nursery (1916), and the Children's Clearing Bureau (1925). A comparable merger taking place in Chicago at roughly the same time also brought together organizations that had been established in opposition to one another during earlier periods. The organizations that merged to form the Jewish Children's Bureau included the Chicago Home for Jewish Orphans (1893, German, religiously Reform), the Marks Nathan Jewish Orphan Home (1906, Eastern European, religiously Orthodox) and Jewish Home Finding Society (embodying an anti-institutional ideology and devoted to promoting foster home care and adoption).

The subsequent development of Jewish child care agencies was determined by a phenomenon that has persisted until the present. Increasingly, the children referred to Jewish child care agencies were not dependent children, but maladjusted or emotionally disturbed children (Sobel, 1955-1956, p. 445). To meet their needs, the child care agencies began to supplement their work on behalf of dependent children with services aimed at the emotionally disturbed child. Since the movement in this direction began, there have been pressures to provide more extensive and more specialized services to emotionally disturbed children. For example, a 1953 report (CJFWF, May, 1953, p. 1) observed that "increasing proportions of emotionally disturbed children are requiring attention," and over ten years later another report (CJFWF, September, 1964, p. 1) stated that there were "continuing pressures for care of emotionally disturbed children." In response to pressures of this kind, over the last 30 years the interest in the problems of the emotionally disturbed child increasingly supplanted interest in the dependent child. It is as "mental health" agencies that Jewish child care agencies have primarily defined themselves in recent times.

The ideology and personnel of the "mental hygiene" movement first entered many agencies and institutions as early as the 1920's. One of the most conspicuous examples of this early identification with the mental health movement is provided by New York's Jewish Board of Guardians. The JBG had its beginnings in the establishment of a Jewish Prisoners' Aid Society in 1893 (Stein, 1947, p. 3). In the early 1900's, juvenile delinquency among Jewish youths stimulated the development of a number of organizations, including the Hawthorne School for Boys, "one of the country's first correctional schools built on the cottage plan (Stein, 1947, p. 3)." In 1921, the various organizations that had crystallized around the problem of juvenile delinquency consolidated to form the JBG. Almost immediately, it was infected with the spirit of the mental hygiene movement. By 1922, a mental hygiene clinic was established at the Hawthorne School, directed by a psychologist who gave diagnostic tests and occasionally referred children to psychiatrists (Whittaker, 1971, pp. 447–448). Two years later, "Hawthorne and Cedar Knolls schools had a full-time psychiatrist and six consulting psychologists (Whittaker, 1971, p. 448)." Delinquency was interpreted in psychoanalytic terms and psychotherapy was introduced (Whittaker, 1971, p. 448). In 1934, a pioneer "Group Therapy Department" was established (Stein, 1947, p. 3). By the 1940's, all facets of the Hawthorne-Cedar Knolls environment had been geared to treatment (Stein, 1947, p. 5):

> Every aspect of the school — whether it be education, direct treatment, recreation or group living — is based on sound principles of mental hygiene. The Hawthorne-Cedar Knolls School has become outstanding for its use of the study of the individual child as a basis for reshaping the total environment and educational program of the school and for helping each child use those resources that are most helpful to him.

Hawthorne-Cedar Knolls had thus become a "residential treatment center," an institution every aspect of which is shaped for the purpose of treating severe cases of emotional disturbance. With this development, the school ceased to serve delinquents exclusively: "More and more we are asked to help children whose problems are less disturbing to others but more to themselves (Alt, 1951-1952, p. 192)." Indeed, according to Alt (1951-1952, p. 192), by 1950 most referrals were coming not from the courts but from other sources, often the parents themselves.

The rapid induction of the Jewish Board of Guardians into the mental health field in the 1920's and 1930's thus foreshadowed trends characteristic of the whole child care system in the last 30 years. One of the most striking features of this latter period is the resurgence of questions relating to placement which had been increasingly laid aside since 1920 under the influence of anti-institutional ideologies.

When first faced with large numbers of emotionally disturbed children, the specialized child care agencies (as well as multi-function "family agencies" that in some cities took on child care functions) sought to serve these children through provisions not requiring placement — through casework and psychotherapy, as well as through specialized day-foster-care programs (CJFWF, May, 1953, p. 6). But because applicants for treatment were often very severely disturbed children, these extra-placement provisions were eventually recognized as insufficient by a new breed of "progressives." Leaders in the child care field became critical of the anti-institutional ideology that had dominated child care thinking in this century. As their counterparts in the early 1900's had warned against policies of indiscriminate institutionalization, child care leaders in the early 1950's felt the need to warn against the equally rigid policy which assumed that *no* child was in need of institutional care. They urged, on the contrary, that for certain kinds of severely disturbed children, institutional care was necessary (Sobel, 1955-1956, pp. 441-442), and they expressed regret that many child care agencies had given up their institutional plants (Morris and Freund, 1966, p. 477).

This new awareness stimulated the development of new institutional provisions, many of them in the "residential treatment" tradition pioneered by institutions like Hawthorne-Cedar Knolls. Among the agencies that have developed residential treatment centers is the former Cleveland Orphan Asylum (now called "Bellefaire"), which was established for Civil War orphans, and was the seat of resistance to foster care at the turn of the century. Bellefaire is thus a striking example of an institution that survived the decline of its original client population through a re-definition of function. In New York, the Hawthorne-Cedar Knolls School has been complemented by new residential treatment facilities under the direction of the Jewish Board of Guardians and the Jewish Child Care Association. In Chicago, the Jewish Children's Bureau has also developed residential treatment facilities. A number of the residential treatment centers operated by these agencies have for many years served children on a regional, and even a national basis (CJFWF, September, 1964, pp. 7, 13, 15-16).

In addition to residential treatment centers, Jewish agencies in a number of cities have developed specialized group homes, which are both smaller and less costly to operate than residential treatment centers. Located in apartments and private houses in the local community, group homes serve children not requiring a program as intensive and controlled as that provided by residential treatment centers. They may also serve as halfway houses for children emerging from residential treatment centers (CJFWF, September, 1964, p. 9). One of the advantages of the group home is that it allows the child to remain in the local community and to make use of its facilities, including its schools (CJFWF, September, 1964, p. 6).

Some recent statistics highlight the extent of the specialization in the Jewish child care field as well as its return to institutional provisions. As of 1968, more than half of the children under care of the specialized child care agencies were in some form of placement; of these children, only 43 per cent were in private foster homes, while a higher proportion were in residential treatment centers, nine per cent were in treatment-oriented group homes (CJFWF, *Yearbook of Jewish Social Service*, 1968, p. 5). Although these statistics do not include the child care provided by multifunctional family agencies, which in some cities, like Chicago, handle most children not requiring placement, the statistics dramatically suggest what has happened in the specialized child care area. Trends favoring foster care over institutional care, on the one hand, and extra-placement services over any kind of placement, on the other, have both been reversed (p. 112).

These recent trends, however, should not be seen as a return to the pre-1920 approach to child care. Although an increasing proportion of care is institutional, the personnel and treatment programs are different. The personnel includes the psychiatrist-psychologist-social worker triad, now commonplace in the mental health field. Treatment, through psychotherapy and environmental design, is self-consciously conceived, highly individualized and noncustodial. Moreover, many institutions (as well as nonresidential treatment services) have provided programs for the whole family, on the assumption that the problems of children reflect tension and disequilibrium in the whole family system (Morris and Freund, 1966, p. 488; Sobel, 1955-1956, p. 445).

The belief that treatment must aim to transform the whole family system is one of the reasons that placement is still regarded as a drastic measure. Another reason is that treatment in intensive, highly professionalized residential treatment centers is very expensive. One of the consequences of this cost factor is that a high proportion of the children served by residential treatment centers are supported by public funds. Whereas in 1951, the Jewish federations still provided fifty-three per cent of the funds needed by the specialized child care agencies (Cohn, 1951, p. 262), by 1968, the government was their largest source of income, with the federations and United Fund organizations, together only accounting for twenty per cent of agency budgets (CJFWF, *Yearbook of Jewish Social Service*, 1968, p. 8).

Heavy dependence on government funds has contributed to the increasing acceptance of non-Jewish children, a policy often endorsed by United Fund organizations. Although agencies give priority to Jewish children, the policy of nonsectarian admissions is widespread (CJFWF, 1968, pp. 6-7). Agreements with extra-sectarian funding agencies, however, is not the sole explanation for nonsectarian admission policies. A sense of social responsibility that extends beyond the Jewish community (Jewish Children's Bureau, October, 1972, p. 1), as well as the need to keep per catita expenses, already very high, at a minimum have also shaped these policies. Nonsectarian admission policies have not, however, significantly altered treatment programs, which are staffed by lay professionals who construe the needs of children in extra-religious terms. According to the Child Care Committee on the Council of Jewish Federations (1959, p. 11), "Treatment of children as a medical, psychiatric problem is professional and nonsectarian in character." On the other hand, institutions do make provisions enabling both Jewish and non-Jewish children to practice their religions.

V. THE CHURCH-STATE QUESTION

For the sake of convenience, the Church-State question has been largely bypassed in the preceding account; it is, however, of great importance and should be considered, if only briefly, in order to clarify the respective positions of affected organizations, including government. At the same time it will be possible to offer some documentation for the claim, made a number of times in the course of the paper, that sectarian welfare institutions have become highly dependent on public funds for carrying on their work.

The Public Standpoint

In spite of the Separation of Church and State clause of the First Amendment, sectarian-sponsored welfare institutions, such as hospitals, social work agencies, and homes for dependent or otherwise needy children, have for a long time been recognized by government as eligible candidates for public funds. This policy of public support for sectarian-sponsored institutions has been tested in the courts on a variety of occasions, and, on the whole, the courts' have upheld it (Coughlin, 1965, pp. 44-48). The courts have defended the policy on a variety of grounds, only one of which, perhaps the most important, need be considered here. The courts have advanced the view that sectarian institutions can be distinguished according to their purpose, and that it is the purpose served by the institution rather than who sponsors it that is the relevant factor in determining eligibility for public funds (Coughlin, 1965, p. 48). To the extent that the central purpose of the institution presupposes a religious framework, that is, to the extent that its central purpose is to further specifically sectarian ends (as has been believed to be the case in the matter of parochial education), public aid has been judged illegitimate. But where the sectarian institution can be construed as an instrument of a public, not specifically sectarian end (such as 'health'), for which government acknowledges a responsibility, public aid to sectarian institutions is legitimate. Not who controls the institution, but the purpose which it serves, the courts have argued, is the decisive factor; where the purposes served is one to which government subscribes, the State can use sectarian-sponsored institutions to realize this purpose just as it can use other private institutions.

> A private agency may be utilized as a pipeline through which a public expenditure is made, the test being not who receives the money, but the character of the use for which it is expended (Kentucky Building Commission v. Effron 220 S. W. 2d. 836, 1949, quoted in Coughlin, 1965, p. 48)

This line of reasoning claims the possibility of distinguishing between the evangelical purposes of sectarian institutions, and their role as instruments of publicly acknowledged ends to which nonmembers of the religious group subscribe. Thus, public policies vis-a-vis sectarian welfare institutions and parochial schools have differed. But although this difference in treatment has been upheld by the courts over a long period of time, it continues to be the subject of considerable controversy. It is urged by many that the distinction between education and welfare, on which the divergence in policy relies, is untenable. Advocates of state-aid to parochial education argue that, properly speaking, education falls under the heading of welfare and that therefore a policy of state-aid in matters of welfare entails a policy of state-aid to parochial education; since the state has the responsibility to promote the welfare of each child through education, it is wrong to penalize the child (through lack of support) for choosing to exercise this right in a parochial school (Coughlin, 1965, p. 55). There are also those who view sectarian-sponsored welfare agencies as highly effective educational institutions, often even more effective than institutions crystallized around an educational purpose (Coughlin, 1965, p. 55). Not only do such institutions present the sponsoring group to members and nonmembers in a favorable light, the 'religious atmosphere' that sometimes permeates them may have a profound effect on the clients served. Therefore, they urge, government should refrain from providing public funds to such institutions, even if their avowed purpose is nonevangelical in character. Although the courts have sometimes admitted that the furtherance of sectarian ends may be a by-product of the fulfillment of general welfare goals (Coughlin, 1965, p. 49), they have continued to hold that it is the central, formal welfare purpose of the institution that matters as far as public policy is concerned. They have thus turned away challenges from this quarter as they have from the other, continuing to adhere to the traditional, if tenuous distinction between welfare and education, and to the corresponding social policies.

While the policy of public support for sectarian welfare institutions continues to stand, agencies receiving such funds must often submit to a variety of formal and informal expectations which are a condition of receiving aid. For this reason, sectarian-sponsored institutions have often been reluctant to accept government funds. The high price of public funds is exemplified by the Hill-Burton Act of 1947 which provides that money may be given to private organizations for the purpose of building hospitals. The money is available to sectarian organizations as to those that are non-sectarian, but the Act stipulates that institutions built through Burton-Hill funds serve all individuals regardless of religion. Thus, Chicago's Pritzker Hospital for emotionally disturbed children, which is constituted as a part of the Jewish Children's Bureau, and was built with the aid of Burton-Hill funds, today serves a predominantly non-Jewish population.

The Catholic Viewpoint

Among Protestants, Jews and Catholics, the Catholics have always been most comfortable about accepting government funds to carry on their work; they have tended to view the distribution of public funds to sectarian organizations not merely as permissible, but as a public obligation. This view has its roots in the principle of subsidiarity, a widely accepted tenet of Catholic social philosophy, which has been publicly espoused by such diverse Catholic leaders as Pope Pius XI, the philosopher Maritain, and Monsignor Gallagher, until recently the Secretary of the National Conference of Catholic Charities. According to the principle of subsidiarity, for all social wholes constituted by several levels of association,

> Each of these levels of associations is autonomous within the limits of its social function. Higher and more powerful associations should not assume the responsibility or embrace the functions of minor associations that are able to carry their own responsibilities and fulfill their own functions (Coughlin, 1965, p. 33).

The principle is justified with reference to efficiency, and to other beneficial effects which flow from encouraging voluntary efforts on the part of individuals and small groups to provide for their own needs. The absorption of all functions by a centralized super-organization is regarded as dangerous unless necessary. The principle is applied to the social structure in its totality:

> Ideally, each individual should be able to take care of himself. When this is impossible he looks to the members of his immediate family for assistance. When these resources are insufficient he looks to typical citizen organizations such as religious, civic, and patriotic groups. When all of these voluntary groups are unable to meet the problem, then the lowest echelon of government should be required to meet the need. Similar respect for the prior rights of the lower echelons of government is expected according to this principle (Coughlin, 1965, quoting Gallagher, p. 33).

Within the framework of the Catholic Church, the operation of the principle of subsidiarity can be discerned in the movement from parish to diocesan organization of welfare institutions. Only when the provisions at the parish level proved wholly inadequate to the needs of the Catholic community, was there a movement toward diocese-wide organization of the welfare enterprise. But as has been suggested, the principle also applies to the relationship between the Church and the government.

> Government programs should, then, be limited to accomplishing only those purposes for the common welfare which the people cannot accomplish for themselves either personally or through their family units or larger natural associations. Voluntary agencies, including church-related voluntary agencies, are such natural associations, and must therefore be regarded as living expressions of the people's desire, as well as of their right, to help themselves through mutual efforts. . . . The government's protective function, which permits it to render direct services to people, should be exercised only as a last resort. It is legitimate only after all efforts to serve the people through strengthening voluntary agencies have failed (Miller, 1961, p. 123).

That is, the government should not compete with the private sector; furthermore, it has the responsibility to actively promote voluntary endeavors by providing them with resources necessary for their work. Only "as a last resort," when all efforts to promote voluntary endeavors have failed to render them viable, should government itself enter into the business of directly providing for human needs. Barring this situation, its primary role is that of an enabler of private voluntary effort, obliged, as a matter of principle, to support voluntary enterprises with the financial and other resources at its disposal. For government to unnecessarily usurp the functions of voluntary organizations is to misuse its powers.

This view, combined with the traditional Catholic view that the Church must play an active role in promoting social welfare through the operation of its own institutions, and the historical fact that public funds were necessary if nineteenth century Catholic immigrants were to meet their needs, generated a policy of ready-acceptance of public funds for purposes of social welfare (and education, if government would cooperate) which has been adhered to consistently up to the present.

The Protestant and Jewish Positions

Unlike the Catholic Church, which has unambivalently and consistently affirmed the principle of public support for sectarian institutions, Protestants and Jews present much less united fronts, there being substantial sentiment within both groups that public support of church-related institutions constitutes a violation of proper church-state relations. Within Protestantism, there has been, and continues to be, a good deal of variation between different denominations in their construal of the Church State separation principle; but among many there are long-standing traditions favoring a very strict interpretation:

> Since, however, many of the Protestant groups that constituted the early settlements in North America were motivated to come here by persecution at the hands of state churches, they held, in connection with their religion, an understandably strong bias against any official tie between the state and the church, as well as against any interference by the state in the exercise of religion. This bias, undergirded by a mixture of emotion and logic, assumed decisive significance as the influence of these early groups permeated and achieved dominance on the American scene in the formative years of the nation's history (Miller, 1961, pp. 119-120).

Although even within any given denomination there is no longer unanimity, many continue to be wary of commerce between Church and State,

> For a policy of cooperation may be construed to be or may actually transform itself into a wedge for establishmentarianism (Coughlin, 1965, p. 80).

A similar concern animates Jewish advocacy of a strict interpretation of the Church State principle:

> Because the western Jew achieved emancipation with the secularization of society, he can preserve his free and equal status only so long as culture and society remain secular. But let religion gain a significant place in the everyday life of the community,

> and the Jew because he is outside the bounds of the dominant religion, will once again be relegated to the margins of society, displaced, disenfranchised culturally if not politically, shorn of rights and opportunities (Coughlin, 1965, pp. 35-36, quoting Will Herberg).

Thus,

> The First Amendment to the American Constitution interpreted by Jefferson as establishing a wall of separation, has been the modern Magna Carta of New World Jewry . . . our guarantee that we will never be second-class citizens. That is why Jews embrace it so fondly (Coughlin, 1965, p. 36, quoting Morris M. Kertzer).

On this view, then, a strict interpretation of the Church State principle is essential because even small-scale cooperation between Church and State establishes a precedent of which the Jew, in the light of his historical experience, tends to be wary.

Concern with the larger political consequences of a less-than-total Church State separation, while important, is not the only reason for reluctance among Jews and Protestants to accept public funds to finance their welfare institutions. Many sectarian welfare leaders, including Catholics, are concerned that heavy dependence on government support will undermine agency autonomy and destroy its character as a sectarian agency:

> Certainly the argument that the sectarian agency provides a collective expression of Christian or Jewish charity is weakened by heavy reliance on public financing. . . . A certain amount of government control usually accompanies the government dollar. To be eligible for public support a sectarian agency may be required to take certain actions at variance with its conception of its sectarian role. In order to receive public reimbursement for providing care for dependent children, for example, a sectarian institution may be required to open its doors to children from all religious backgrounds. . . . Although an agency may surrender autonomy in areas that do not affect its sectarian mission, any significant restriction on its freedom of action is likely to affect its purpose in some fashion (Reid, 1971, p. 1162).

The fears of some and the experiences of others are summed up by the administrator of an Episcopal children's home:

> In our instance I feel that the agency is functioning as an arm of the public units and has little ideology of the type usually associated with sectarian agencies. I feel that dependence upon tax funds has hindered the development of a practical working ideology (Coughlin, 1965, p. 87).

Some have warned, moreover, against evaluating the matter of accepting public funds solely in terms of the actual, immediate costs to the agency of accepting them; the potential influence of the government at some future point in time must also be considered:

> Government already has some control of policy through its licensing and inspection roles, its setting of personnel standards. If there is extensive need for service to a non-Jewish group is there not a possibility that government might press our agencies for such services (Max S. Perlman, cited in Coughlin, 1965, p. 96)?

In short, to cite a document subscribed to by the National Council of Churches, the National Conference of Catholic Charities, and the Council of Jewish Federations and Welfare Funds,

> Most fundamentally, when the bulk of a voluntary agency's income is from government, when the definitions of whom it must serve and what services it must render are determined by government, it runs the risk of no longer being a voluntary agency, and becoming instead an instrument of government (Inter-faith Consultation on Social Welfare, 1972, p. 4).

There have been and continue to be, however, strongly felt pressures towards acceptance of public funds. Paraphrasing a Baptist administrator, Coughlin (1963) says,

> In a society where tax funds are becoming increasingly available, operational costs are continually rising, and standardization in accordance with new equipment and procedures involves heavy expenditure, there is pressure to accomodate principle to accepted social policy. As he expressed it: 'We are opposed in principle, but recognize that we must live under the laws of land (p. 82).'

The dilemma for those concerned with issues relating to Church State questions and agency-autonomy is profound. Although many continue to point out the dangers of accepting funds from the public purse, many welfare leaders have declared their belief that survival requires it, and have consequently urged policies of acceptance:

> If we are to hope to meet the full need as anticipated, we must look for increased support from public welfare sources.
>
> The progress achieved in service to children has demonstrated beyond doubt the values of partnership between voluntary and private agencies (Coughlin, 1965, p. 95, citing Federation of Jewish Philanthropies of New York City).

In a similar vein, former Commissioner of Social Security Morris Schottland has warned the Jewish community that it could "no longer take a position that seems to bar grants (Coughlin, 1965, p. 95)."

Although this view continues to receive heavy criticism, agency practice has increasingly tended to embody it:

> Meanwhile, local agencies are pressed with other than ideological determinations and are making their own decisions and determining their own practices. In either case — whether regardless of the policy of indetermination of church leaders or whether in spite of their disapproval — local administrators are accepting government funds and are thus evolving from the local level policies that have far-reaching implications (Coughlin, 1965, p. 131).

Coughlin has gathered his own documentation for this assertion in his study of sectarian agencies of all three denominations. His findings include the fact, of the agencies he studied, 71 per cent have contractual agreements with government agencies whereby they receive tax funds. Although tax support generally constitutes a small percentage of the total budget, there is a number of agencies that obtain over 50 per cent of their income from the government (Coughlin, 1965, p. 74). The percentage receiving over 50 per cent of their income from government is higher if consideration is limited to children's institutions, "which receive the largest sums from government funds (Coughlin, 1965, p. 68)." Thus, of the 86 children's institutions which he studied, 23 receive over 50 per cent of their budget from public funds, and 47 receive 30 per cent or more of their funds from the government, while only 14 depend on government for less than 10 per cent of their budgets (p. 156). Although the situation is less dramatic in the case of non-institutional children's services, it is nonetheless significant that of the 60 agencies studied by Coughlin, 16, or better than a quarter of them, depend on the government for at least 30 per cent of their income (Coughlin, 1965, p. 156).

That Coughlin's conclusions are not misleading is suggested by a number of independent assessments of the situation, the most recent of which is found in the 1971 edition of the *Yearbook of Jewish Social Service*, which presents some rather startling statistics:

> The largest single source of income of these 11 specialized Jewish child care agencies continues to come from government sources which constituted two-thirds of the total income, of $13.1 million. From 1960 to 1970 funds from government sources increased from 42 per cent to 63 per cent of the operating income, centrally raised funds dropped from 30 per cent to 18 per cent and income from contributions and other sources declined from 20 per cent to 9 per cent (p. 6).

That is, the most impressive fact in the matter of financing in the last ten years is the dramatic increase in government funding and the decreasing proportion of funds from other sources. Although not a total explanation, it begins to explain the movement away from strictly parochial, sectarian concerns among sectarian welfare agencies and their increasing tendency to resemble nonsectarian institutions imbued with the spirit of secularism. Independent forces — such as the Americanization of Catholic and Jewish immigrants, the "professionalism" thrust, licensing practices, and, as will be seen, the Community Chest and United Way movements — are important, but any assessment of the situation must give special emphasis to the dramatic rise of public financing of sectarian welfare agencies — this being especially true in the area of child care.

Other Funding Sources and Problems

Although public funding of sectarian welfare institutions has grown to immense proportions, it is not the only source of income available to these institutions. Other sources include payments for service from clients, the proceeds of fund-raising campaigns held by the sponsoring denomination, and Communty Chest or United Way funds. Ideally, access to several sources of income would ensure sectarian welfare agencies a degree of autonomy that they would not have if they were dependent on government alone, but although this may be true in the case of some agencies, in many cases, the agency could not survive without massive government aid, either in the form of subsidies or payment for service. Moreover, even where dependence on government can be minimized by receipt of large sums of money from other sources, it is not always the case that the recipient-institution attains to autonomy. On the contrary, extra-sectarian sources of funding — notably the Community Chest or United Way organizations — impose their own requirements on participating agencies, requirements that are often more stringent than those attached to acceptance of public funds. Rather than counteracting the pressures emanating from the public sector, United Way organizations have often exacerbated them, a situation that has prompted an inter-denominational group of welfare leaders to declare:

> There should not be any presumption that because government has established a set of priorities for its programs and services, therefore these same priorities *ipso facto* can be applied to the voluntary sector. Such a presumption is without merit and fails to recognize many of the unique factors concerning the special responsibilities of the voluntary system ... The raising of money does not vest the United Way with total control of their constituent agencies' programs (Interfaith Consultation, 1972, p. 6).'

The statement from which this quotation is taken, which is a protest against the policies of United Fund organizations, outlines a number of specific ways in which funding sources have sought to influence the policies of sectarian agencies. These include demands that agencies serve all members of the community regardless of religion (p. 3), that their boards be constituted by individuals drawn from all elements of the community and not only from the sponsoring sectarian group (p. 4), and that sectarian agencies merge across denominational lines for purposes of efficiency and effectiveness (p. 5). Although this particular document is of recent origin, having been made public after 1970, the state-of-affairs to which it refers is long-standing. It was, for example, already noted in connection with the Catholic social welfare system that participation in local Community Chest organizations exerted a profound influence on the system; in particular, it was observed that pressure from Community Chest executives facilitated the movement towards diocese-wide organization of Catholic charities in the first decades of this century. In this case, the influence exerted by the Community Chest may well have been to the long-run advantage of the system; this is less evident in the case of other requirements imposed by community-wide fund-raising organizations. From the point of view of the sectarian welfare systems, these requirements have served to dissolve the sectarian identity of church-related welfare institutions in quite the same way as has dependence on government. Thus, writing in the mid-50's, Cayton and Nishi declared:

> Church interests in social welfare, confronted with the increasing problem of competing for funds from the community — often had no alternative but to join in the federated financing organizations. Such community-wide support was often associated with the necessity of nonsectarian service in which the religious character of

> agency programs was de-emphasized or at least neutralized. Evangelist interests in welfare activities particularly became limited (Cayton and Nishi, 1955, pp. 52-53).

Generally speaking, then, the thrust of the pressures emanating from nonsectarian private fund-raising organizations has been in the same direction as the influence exerted by government, that is, towards nonsectarianism and secularism. "Consequently, churches tend to feel frustrated in and somewhat alienated from their objectives in many of the situations where such funds are accepted (Miller, 1961, p. 116)."

It might perhaps be thought that since United Fund organizations, as of 1970, accounted for only 4.3 per cent of all philanthropic giving in the United States (Interfaith Consultation, 1972, p. 8), the sectarian welfare system could afford to forego the income that these fund-raising organizations make available. But what is true for the nation as a whole is not true for a particular agency; for example, of the $661,318 budget of Jewish Family and Children's Service of Detroit (1971), $433,300 comes from United Community Services (the local United Fund organization) (Jewish Family and Children's Service, 1971-72). It would be very difficult for an agency so highly dependent on the United Fund to withdraw its membership because it was not pleased with the organization's policies.

VI. CONCLUSION

A characteristic feature of recent American history is the penetration of specialization, professionalism, and rational-bureaucratic organization into one area of activity after another; correspondingly, the spheres of activity interpreted in traditional or religious terms have steadily diminished. Care giving, like education, is one among a number of activities that has in recent history been separated from its religious context and subjected to rational analysis from an essentially secular point of view. Accompanying the apparent desacrilization of the enterprise of charity was the establishment on a large-scale of nonsectarian and public charity provisions embodying a secular treatment ideology; thus, both ideologically and institutionally, charity was freed of religion, and at the present, religious institutions are responsible for only a small part of society's human welfare provisions. The church, as Ernest Johnson has said, may well be the mother of charity, but her child has attained to a totally independent existence and its parentage is no longer commonly acknowledged in its everyday life. Thus, "charity" changed its name to "scientific charity" and thence to "social service" or "guidance."

This transformation of the enterprise of care giving did not leave untouched those provisions that remained under sectarian auspices. Like nonsectarian charity work, sectarian-sponsored provisions have moved in the direction of specialization, professionalization, and secularization. The movement in this direction, and away from the religious and cultural concerns of a spiritually or geographically local group, has been described in the preceding discussion.

A number of circumstances contributed to this trend. Important among them is the fact that sectarian agencies have found themselves in a competitive relationship with nonsectarian and public agencies, as well as with other sectarian agencies embodying different treatment ideologies. Competition for clients has meant attention to consumer preference; since consumers have approached human problems in increasingly secular terms, sectarian agencies have been forced to respond accordingly in order to keep up with the competition and maintain themselves. The competitive situation also encouraged specialization in response to particular needs and wants.

The outcome of competition has often been influenced by powerful groups that have sought to shape consumer preference by public endorsement of certain kinds of provisions rather than others. Thus, the White House Conference of 1909 and groups such as the Child Welfare League have had a role in changing the strength of the competitors in much the same way as groups like Consumers' Union influence the desirability of particular products. Moreover, the choice of alternatives has also been influenced by organizations that have assumed the role of determining client placement. State departments of welfare, centralized intake bureaus, and diagnostic clinics have often used their power to reward agencies whose policies they approve. Generally speaking, these mediating organizations have identified with progressive, professionally-oriented, secular treatment ideologies. Their policies have therefore provided sectarian agencies with an inducement to conform to the progressive ideologies of mainline professional and cultural interest groups, even when religious or cultural misgivings have stood in the way.

Changes of this kind are closely related to the adoption by sectarian agencies of nonsectarian clientele and personnel policies. As the enterprise of charity has been secularized and separated from the particular concerns and values of the founding religious group, the rationale for confining services to members of this group loses much of its force. Religious considerations become less important than professional competence in the selection of personnel. Similarly, the position of the sectarian agency can be improved by opening itself up to wider sections of the population. For, as differences in religion cease to have a bearing on the possibility of benefit from services provided by an agency, it is an economic advantage to the agency to consider applicants irrespective of their religion.

An additional circumstance contributing both to secularization and to the implementation of nonsectarian clientele policies has been considered at some length in the preceding section. The policies of extra-sectarian funding groups have been instrumental in accelerating these changes. Funding agents, like the government and Community Chest (or United Fund) organizations, have tended to pass judgment both on the quality of service provided by agencies and on their personnel and clientele policies. With regard to the latter, they are committed to maintain religious neutrality and to serve all men, and have interpreted this commitment as prohibiting support of agencies which discriminate on the basis of religion or race. They have thus pressured sectarian agencies into introducing nonsectarian clientele policies and into changes in programming required by such policies. In effect, such pressures have served to promote a "common denominator" treatment and clientele ideology; care-giving arrangements are so designed that the client can profit from them without compromise of his religious convictions.

Against common-denominator universalism, sectarian welfare leaders have sometimes advanced a *pluralistic* universalism ideal. According to them, although it is true that society has the responsibility to promote the good of everyone without discrimination, it does not follow that everyone should be provided for in the same way or in the same institutions; on the contrary, society should actively promote a variety of institutions that mirror the diversity of the population, and which allow different communities to serve their members in the ways that they think best. Extra-sectarian funding groups, they have urged, should cast themselves in the role of enablers of private efforts, efforts which are conceived and executed by ideologically or geographically particularistic communities, in the light of their distinctive concerns. Such a viewpoint, if accepted, would permit sectarian welfare organizations more autonomy in developing their programs. That funding agents have not harkened to these concerns testifies to the fact that important segments of the population, including professional guilds, have continued to give funding groups a different mandate.

Protestant, Jewish, and Catholic agencies have all participated, to some extent, in the movements toward secularism and nonsectarianism. Although there has been, and continues to be, a great deal of variation among Protestant agencies, the belief shared by many Protestants that secular American values are essentially Protestant in character, has encouraged Protestants to be satisfied with the development of secular, public welfare provisions, as well as to allow their agencies to assume increasingly secular orientations and even to establish independent, nonsectarian identities. Among Jewish agencies, the tendency away from specifically religious orientations towards care giving had its start in the mid-nineteenth century, with the separation of the welfare functions and religious functions of the Jewish community. Although it was challenged for a time by later Jewish immigrant groups, the process of secularization was by-and-large unimpeded, and a secularist outlook has been typical of most areas of Jewish welfare activities for a long time. The movement away from traditional patterns and ideologies of care giving has been slowest among Catholic organizations. Among the circumstances responsible for this is the fact that Catholic welfare provisions have officially remained under the authority of the Church, and have always drawn a significant proportion of their personnel from among Sisterhoods and Brotherhoods. Nonetheless, Catholic Institutions have also participated in the trends described.

Finally, in recent years, there have been signs of important changes in the orientation of sectarian organizations towards problems of human welfare. Discomfort with secularization and nonsectarianism has been replaced in many quarters with an active affirmation of the responsibility of sectarian organizations to respond to all suffering, regardless of the religious affiliation of the sufferers. Re-emphasis on the universalistic elements in the Judeo-Christian tradition has led to criticism of the reluctance of sectarian institutions to take initiative in responding to the most victimized elements in the population. This new attitude has found expression in a variety of efforts on the part of sectarian organizations to extend their services to the poor, and especially to minority groups.

it has also led to efforts on the part of many sectarian organizations to promote political reforms that would rectify the social circumstances responsible for the situation of the modern-day poor.

One of the features of this new activity is the resurgence of local churches as agents of social welfare. Over the years their welfare functions have largely been appropriated by specialized sectarian agencies. In recent years, however, many churches have sought to resume major welfare responsibilities. They have encouraged their facilities to be used to house special programs serving their local communities, including Head Start Programs. They have also promoted community organization. Thus, like the "institutional churches" that emerged in the late nineteenth and early twentieth centuries, a number of contemporary churches have burst the bonds of their largely spiritual identity, in order to assume an active role in responding to widespread human suffering. The new activism of the churches has taken place sometimes with and, sometimes, without the active support of the specialized, organized sectarian welfare systems. In any case, it constitutes a trend toward the decentralization of welfare provisions that had become increasingly centralized, specialized, and remote from the problems and concerns of particular local communities. In a sense, this tendency may be viewed as a challenge to the idea that professionally geared agencies, with no special knowledge of, or involvement with, the special concerns and needs of the local communities whose members they serve, are adequate organs of social service. Like gas stations, churches exist in all communities. Being close to the problems of local communities, they are potentially a highly important resource in the struggle to remedy such problems.

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THE TREATMENT OF DEVIANCE BY THE RELIGIOUS INSTITUTIONS: STRUCTURE

by

Daniel Pekarsky

FOREWORD

This report will attempt to describe contemporary religious-sponsored child care provisions in the United States. It will consider sectarian child care agencies as systems organized in particular ways, in order to provide certain services to children, it will also consider sectarian agencies in their relationship to other denominational organizations, to private nonsectarian bodies, and to public organizations. In this way, the report will attempt to locate sectarian child care agencies within contemporary welfare structures. The difficulty inherent in this task is that sectarian agencies are diverse in their orientations and structures, and do not fit together in one or more "sectarian systems." Indeed, sectarian agencies display as much variation as do their nonsectarian counterparts. This is true not only of sectarian agencies as a whole, but also of those agencies that are identified with a single denomination. Generalizations, consequently, are indeed very general and do not pretend to adequately encompass the great diversity characteristic of the sectarian, or religious, welfare sector.

There is also a second reason for treating these generalizations as tentative. Research for this report was primarily, although not exclusively, drawn from sources at two levels: (a) written materials and interviews with national denominational and interdenominational organizations, and (b) interviews conducted in a single geographic region — the Detroit area and surrounding counties. The generalizations made by national spokesmen for the sectarian welfare enterprise were thus validated in interviews with the local, Detroit-area personnel. Although the local situation approximated what would be expected on the basis of documents and materials generated at the national level, it is highly likely that the account that follows is in part conditioned by local, Detroit-area circumstances that may not obtain in other cities or geographical regions. That is, analyses of organizations, procedure, ideology, etc., may approximate actual situations in some regions of the country better than in others. On the other hand, the close correlation between statements made at the national level and realities in the Detroit area suggests that the situation in this area is not atypical, and that interferences from this situation to others are therefore warranted, subject to the warning that they may not fit every situation in every respect.

I. THE OPERATION OF SECTARIAN AGENCIES

Facilities

Religious groups currently sponsor a wide variety of child care programs in a variety of different treatment settings. Churches themselves, for example, have been used to house Head Start programs, as clubhouses for delinquent gangs (Johnson, 1956, pp. 129-140), and as crisis centers. In addition, services to variant children are provided by church-sponsored child guidance clinics, in-patient psychiatric units of general hospitals, as well as by special schools. While these kinds of organizations have often provided important kinds of services to children in need of help, they are not the typical embodiments of the long-standing interest in variant children which is characteristic of American religious groups. The most typical sediments of this interest are family agencies and specialized child care agencies, and it is with these kinds of organizations that this report will primarily be concerned.

Family agencies or "social service agencies" have long provided a range of services to children, including counseling and, more recently, family therapy, homemaker services, foster care programs, and adoption programs. They also refer children to other agencies which can better serve their needs. Specialized child care agencies often provide the same services to children as do the family agencies as well as additional programs in treatment-oriented "group homes" or in institutions. Moreover, whereas in earlier days, children with very different needs and problems would be placed in the same institutional setting, today, institutions under religious auspices are often highly specialized, and in some cases, a single agency will operate a number of qualitatively different institutional programs, each developed to meet the needs of different kinds of children. Institutions for children under religious auspices include institutions for emotionally disturbed children, institutions for delinquent and predelinquent children, institutions for dependent and neglected children, institutions for retarded children, and maternity homes. Moreover, even within a given class of institutions, specialization has taken place.

Religiously-sponsored institutions comprise a significant proportion of all child care institutions, although in certain areas they tend to be more prominent than in others. Of 2,318 institutional programs for children, 40.3 per cent, or 936 are under sectarian auspices (Pappenfort and Kilpatrick, 1970, Vol. 1, p. 2). The majority of these 936 institutions, 547, are institutions for dependent-neglected children. In this area, institutions under sectarian auspices constitute 57.1 per cent of the national total.

The second largest class of church-related institutions is those for emotionally disturbed children. The 149 such institutions constitute 48.5 per cent of the national total. There are also 118 church-sponsored maternity homes, constituting 58.7 per cent of the national total, and 88 institutions for delinquent and predelinquent children, equalling 21.3 per cent of the national total. Sectarian sponsorship of psychiatric in-patient units and of detention facilities is negligible as compared with provisions under nonsectarian and public auspices.

It is important to qualify this statistical breakdown with the observation that religious groups differ with respect to the quantity and kinds of institutions they support. For example, there are 522 Protestant institutions and 376 Catholic institutions, compared with only 38 institutions under Jewish auspices. Better than half of the Protestant and Catholic institutions are for dependent-neglected children, in contrast, only four of the 38 Jewish-sponsored institutions are for dependent-neglected children. Jewish-sponsored institutions are very heavily involved in the mental health tradition; of their 38 institutions, 25 are institutions for emotionally disturbed children and four are in-patient psychiatric units.

To summarize, most sectarian child care institutions are aimed at dependent-neglected children, but sectarian institutions for emotionally disturbed children constitute close to half of the national total in this area. Moreover, while Catholics and Protestants operate far more child care institutions than do the Jews, the Jewish child-welfare effort tends to be concentrated in a single area, that of mental health. In this area, they tend to be more professionalized and specialized than their Protestant and Catholic counterparts.

Since this report is primarily interested in the delivery of care to emotionally disturbed children, consideration of institutional care will, by and large, be limited to institutions for emotionally disturbed children. Some attention will also be paid to the largest category of institutions, institutions for dependent and neglected children, inasmuch as many of these institutions also deal with emotionally disturbed children (Pappenfort and Kilpatrick, 1970, Vol. 1, p. 27).

Also included is a discussion of nonplacement services provided both by child care agencies and family service agencies which have a child care program.

Target Population

The target population of sectarian child care agencies will be described along three dimensions: the religion of the child, the problem of the child, and the age of the child.

Religion as a Consideration

Many, but not all, sectarian agencies serve children regardless of their race and religion. Some do this eagerly, while others do so reluctantly at the behest of United Fund organizations and State Departments of Social Service. Some agencies have been able to continue serving a mainly sectarian clientele, although they are under pressure for a change in policy. These agencies tend to view their target population as located within their respective denominations; programs are planned according to the needs of children in their local denominational community.

At the other extreme, some agencies do not locate their target population within the sponsoring sectarian group. They explicitly assume responsibility in areas of greatest social need, irrespective of the race or religion of the potential recipients. Thus, some agencies have sought to provide special programs for minority groups, migrant workers, etc. Often, then, target populations are not merely chosen to fit existing programs; rather the group to be served is first determined, and then programs are developed in order to serve them.

The programs of a given agency may not all conform in this regard. Some programs may be confined to members of the denomination, while others may be open to the whole community. For example, an agency may have casework services open to the whole community, while confining adoption services to members of the denomination.

Problem-Oriented Conception of the Target Population

Sectarian agencies probably operate programs in every recognized area of child care. Although the sectarian sector remains heavily invested in institutional services to dependent and neglected children, agencies serve a wide range of children that do not fit these categories. In the area of emotional disturbance, with which this report is primarily concerned, sectarian agencies deal with many problems, whose range is indicated by the diverse categories which agencies use to characterize their client populations: neurotic children, overinhibited children, aggressive, angry children, psychotic, pre-psychotic and borderline psychotic children, acting-out children, withdrawn children, children with character disorders, autistic children, etc. These differentiated labels correspond to specialization in agency function. While, for example, some agencies will work with children diagnosed as psychotic, other agencies may not admit them for treatment. Thus, while in 1966, 58.4 per cent of the children in treatment in Jewish institutions for emotionally disturbed children were regarded as severely disturbed, this was true of less than twenty per cent of the children in Protestant and Catholic institutions (Pappenfort and Kilpatrick, 1970, Vol. 4, p. 27). Thus, the degree of a child's emotional problems is a relevant consideration in an agency's decision to accept or reject him for care.

Target populations are further specified with reference to other criteria of various sorts. Thus, according to Pappenfort and Kilpatrick (1970, Vol. 4), the majority of sectarian institutions for emotionally disturbed children will not accept children who have marked physical handicaps (p. 42), who are severely retarded (p. 41) or who have severe behavior problems (pp. 47-48). On the other hand, better than 50 per cent of these same institutions will accept children adjudged delinquent. In this connection, it is noteworthy that agency directors interviewed in the course of this research at no time characterized their children with the label "delinquent," although in some cases the children had in fact been adjudged delinquent. Thus, some agency directors distinguish between the legal status of a child and the environmental and characterological circumstances that have led to his acquisition of special legal status.

Age-Oriented Conception of Target Population

Sectarian institutions for emotionally disturbed children tend to limit their client population to children of certain ages. Thus, in 1966, in all these institutions taken together, there were no children under the age of two, and only 33 children between the ages of three and five. The overwhelming majority of children served (over 4,000) were between the ages of six and twenty, with almost half of these in the twelve-to-fifteen age category (Pappenfort and Kilpatrick, 1970, Vol. 4, p. 18). According to Mundt and Whiting (1970, p. 13), such statistics reflect "the general acceptance of the belief that institutional care for preschool children is not in their best interest."

Intake Procedures

Intake generally begins with a call or letter to the agency requesting service or information regarding service. An initial screening takes place at this time; if the child's needs clearly fall outside the scope of the agency, or if he does not meet certain other agency requirements, e.g., he is too young or too old, the agency will advise the caller of this and recommend a different agency.

From this point onwards, the intake process is guided by an intake worker, generally a trained, experienced social worker, until such time as a decision regarding the child is made. The intake worker considers the following questions: What are the problems and needs of the child? Which, if any, of the agency's programs might be beneficial to him? If none is suitable, to what other agency should he be referred? With such questions in mind, the intake worker screens all candidates for care. In many agencies, this worker is empowered to refer elsewhere children whom, in his or her judgment, the agency cannot help. The intake worker's position is therefore of great importance, and it was not surprising to hear an agency director say that he had appointed his sharpest social worker to that position.

If a child gets by these initial screenings, he is likely to be seen by the agency's consultant psychiatrist, who will provide a psychiatric evaluation. The psychiatrist, the intake worker, and perhaps also other agency personnel, such as the agency's director of clinical services, may at this point confer on a diagnosis and make at least a tentative decision regarding treatment.

The decision at which they arrive will then be discussed with representatives of the treatment program that is recommended. Thus, if out-patient therapy is recommended, there will be consultations with the head of the agency's casework program and possibly with the social worker that is to be assigned to the child. Similarly, if it is decided that the child would benefit from one of the agency's institutional programs, this institution's intake staff, which may be distinct from the first one, will further consider the child's application for care. For example, in New York, the Joint Planning Service does preliminary intake for both the Jewish Board of Guardians and the Jewish Child Care Association. If, after screening the child, the Joint Planning Service believes that Linden Hill School, a residential treatment center, would be the best placement, the child's application is referred to Linden Hill's own intake committee which includes representatives of each discipline involved in Linden Hill's program (Jewish Board of Guardians, brochure on the Linden Hill School, 1972, p. 12).

Intake teams, especially for residential programs, are sometimes very large. Thus, at Chicago's Jewish Children's Bureau, the team includes an intake worker, the intake supervisor, the administrator of residential services, the residential services program director, the chief child care counselor, a psychologist, a supervisor of clinical services, the director of the agency's school program, the supervisor of community services, and the child's current or previous therapist, if there is one. Even, however, when the size or complexity of an agency leads to involvment by large numbers of people in the intake process, they are usually reducible to the following types: the permanent intake staff, consultants such as psychiatrists and psychologists, representatives of the treatment programs for which the child is being considered; and, in some cases, representatives of the agency's executive staff.

In the course of intake, a wide range of information may be required by the agency in order to arrive at a diagnosis and treatment decision. In addition to a psychiatric evaluation, many agencies require diagnostic psychological tests; in some cases, the agency's own psychologist does the testing. In addition to psychological tests and psychiatric evaluations, there are cases in which some agencies will recommend EEG's or neurological examinations as an aid to diagnosis (Jewish Children's Bureau, 1970). In addition, and more typically, agencies make use of obtainable information relating to the child's case history, his health, developmental and school history, his family history, and the parents' living situation. Thus, the perceptions of the agency's staff are supplemented and sometimes colored by a wide range of information relating to the child. On the other hand, one agency director interviewed indicated that such information proved relatively unhelpful in deciding whether the agency's group home could work well with a child. Far more important, in his view, was the impression formed of the child by the group home's child care and professional staff. In his agency, as in many others, prospective candidates for institutional or group home care are required to visit the agency at least once prior to admission (Clarence Fischer, Personal Communication, 1973).

As the preceding account indicates, and as Figure 1 describing the intake procedure implies, intake may be a long drawn-out process. At least one sectarian intake service, representing two agencies, has sought to condense this process to avoid damage to the client. It has done so because its research has indicated that the tentative treatment plan considered after only a second interview with the child turns out in all but a few cases to be the one ultimately agreed upon action (Bernard, 1973).

The Pappenfort and Kilpatrick study (1970, Vol. 4) reported the following findings which both supplement and qualify the aforementioned generalizations regarding intake, at least in the case of sectarian institutions for emotionally disturbed children. All but a few such institutions give physical examinations at admission (p. 52) and better than 60 per cent give dental examinations (p. 59). Approximately 74 per cent of all children in these institutions in 1966 had received psychological testing and evaluation at admission (p. 62), while roughly 60 per cent received psychiatric diagnoses (p. 66).

It is of interest to note that psychiatric evaluations are most common in Jewish institutions. In 1966, 94.4 per cent of the children in these institutions had received a psychiatric evaluation at

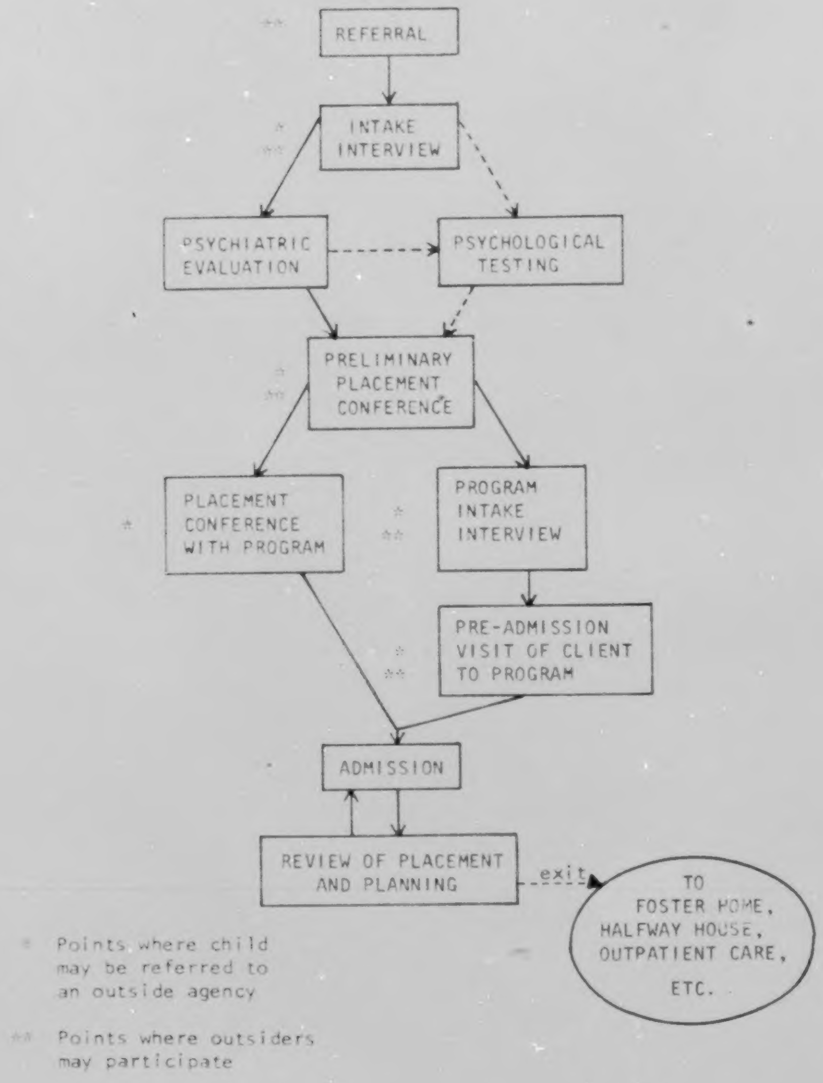

**
REFERRAL
*
**
INTAKE INTERVIEW
PSYCHIATRIC EVALUATION
PSYCHOLOGICAL TESTING
*
**
PRELIMINARY PLACEMENT CONFERENCE
*
PLACEMENT CONFERENCE WITH PROGRAM
*
**
PROGRAM INTAKE INTERVIEW
*
**
PRE-ADMISSION VISIT OF CLIENT TO PROGRAM
ADMISSION
REVIEW OF PLACEMENT AND PLANNING
exit
TO FOSTER HOME, HALFWAY HOUSE, OUTPATIENT CARE, ETC.
* Points where child may be referred to an outside agency
** Points where outsiders may participate

Figure 1. Typical intake pathway.

the time of admission, as compared with 63.1 per cent and 52.9 per cent for Protestant and Catholic institutions respectively (Pappenfort and Kilpatrick, 1970, Vol. 4, p. 67). These statistics help to confirm an earlier statement that Jewish institutions tend to be more highly specialized and professionalized than other sectarian institutions for emotionally disturbed children.

In view of the fact that sectarian institutions for dependent and neglected children care for significant numbers of emotionally disturbed children, it is important to note that in these institutions the proportion of residents in 1966 that had received psychological and psychiatric evaluations was significantly lower than it was for institutions specializing in work with emotionally disturbed children (Pappenfort and Kilpatrick, 1970, Vol. 2, pp. 63-66). That is, although institutions for dependent and neglected children were caring for some of the same kinds of children as were institutions for emotionally disturbed children, they did not have available to them the same specialized personnel and diagnostic tools.

Programs and Treatment

Nonplacement Programs

Over the last 30 years, the number of children under care by sectarian agencies in an institutional setting, as well as the number of such institutions, has declined dramatically. Among the reasons for this phenomenon is the widely shared belief that institutions should not be used as a dumping ground for children with problems, and that, if at all possible, children should not be separated from their own families or from a family-like environment. Extra-placement services and foster care programs have thus grown rapidly in this century and are currently provided, under sectarian auspices, both by specialized child care agencies and by family agencies. Typically, extra-placement services provided by such agencies include casework therapy for the child, and often for his parents as well. Some agencies also operate a homemaker service, which introduces into a child's home a "mother's (or father's) helper" in order to take some of the pressure off a parent who might otherwise be unable to keep a child. In a few agencies, day-foster-care programs or "therapeutic nursery schools" are provided; these serve to take the child out of the home environment and place him in a therapeutic context for several hours a day without actually having him placed outside his family. In addition, some child care agencies operate a special education program for emotionally disturbed children who might otherwise have to be placed away from home.

Placement Programs

Although placement of the child away from home is regarded as a very serious step to be avoided if possible, it is sometimes regarded as necessary. Whereas, however, 70 years ago, most children would be placed in all-purpose institutional facilities no matter what the circumstances leading to placement, today, once the decision to place a child has been made, it must still be decided where to place him. Generally speaking, there are three options from which to choose: foster homes, group homes, and institutions. Each of these will be discussed separately below.

Generally speaking, placement in any of these three treatment settings is not regarded as permanent, although the length of time for which children are removed from their homes varies considerably. For some children, it is an immediate solution to an acute, but temporary, family crisis; for others, placement away from home is long-term, as when the child's emotional or characterological problems make necessary an intensive, safe, therapeutic context, protecting him from others and others from him. Whether placement is short-term or long-term, however, the ultimate objective is not to wean the child from his family as many programs once did, but to return him to his family and community. It is in this sense that foster homes, group homes and institutions generally regard themselves as treatment-oriented rather than custodial institutions.

Foster homes. Family agencies and specialized child care agencies generally maintain a number of foster homes into which children may be placed for varying lengths of time. Foster parents are paid at a rate which, in theory, reimburses them for expenses incurred in caring for the child and which compensates them for the effort they expend. They receive on-going supervision from the agency in working with the child. Some children need and can adapt to one kind of family environment; others need different kinds of environments. Therefore, agencies placing children in foster homes attempt to match the needs and personality of the child with an appropriate foster family. That is, just as the decision to place a child in a foster home rather than in an institutional setting is based on an examination of his needs, so the decision to place him in one foster home rather than another is based on treatment considerations.

Some agencies have developed a cadre of foster homes, able and willing to take in children that are, in varying degrees, disturbed. Usually, however, children placed in foster homes are not considered seriously disturbed. They are able to function adequately in the community and can manage the emotional demands characteristic of a family environment. The foster home placement usually represents a preliminary step to adoption (e.g., if the parents have died or lost custody of the child) or it is viewed as a short-term removal of the child from a family situation that is temporarily unstable or otherwise problematic. While in the foster home, both the child and his parents may be involved in treatment with a caseworker or other agency personnel, in order to facilitate the child's return to his own home.

Group homes. Group homes are generally considered intermediate between foster homes and institutions. Children placed in group homes do not need the highly controlled environment of a residential institution and are able to function in the community. On the other hand, in many cases, their emotional problems make it difficult for them to adjust to the intimacy of even a foster family. There are, however, cases in which children are placed in group homes because the parents find it too difficult to accept their child's placement with foster parents but can accept placement in a group setting (Jewish Board of Guardians, Jewish Child Care Association, p. 12).

Group homes are also used by agencies as halfway houses for children on the way back to the community. They are generally located in a house or apartment in the midst of the community, and the children actively participate in the community's social, educational and recreational activities. Children are supervised by resident houseparents and may be in treatment with a caseworker who draws on the help of other agency personnel as it is needed (Jewish Board of Guardians, Jewish Child Care Association, p. 12).

The group home has become increasingly popular in recent years for a number of reasons: first, it offers a less drastic measure than institutional placement for children unable to benefit from foster home care; unlike many institutional programs, it does not have the consequence of totally segregating the child from the community and from 'normal' children. Secondly, a group home is more easily and less expensively maintained than is a large institutional facility.

In at least one agency, group homes are regarded not only as complementary to institutional programs but as important substitutes for them. Thus, the Jewish Children's Bureau of Chicago is replacing one of its residential treatment centers with a set of differentiated group homes, each meeting the needs of different kinds of children. Placement of children in specialized group homes, the agency suggests, allows for differential sets of services to children with different needs, a condition that is not possible in an institutional setting (Jewish Children's Bureau, 1970). The group home units being developed range from the very intense therapeutic environments to units of lesser intensity; in the course of their treatment, children progress from the more to the less intense homes. Thus, "services will be differentiated according to need rather than dependent on physical structure alone (Jewish Children's Bureau, 1970)."

Institutions. As was noted above, there are a variety of different kinds of institutions under religious auspices. Attention will be confined to institutions working with emotionally disturbed children. Even within this category, variation between institutions is great with respect to the kinds of children that are accepted, i.e., the degree or nature of problems, the kinds of treatment provided, and the general quality of the program. Mundt and Whiting (1970) take note of the variation in the course of their description of institutions under Lutheran auspices (p. 26):

> (T)hese institutions do not fall into neat categories. Rather, they represent a continuum from the very highly sophisticated treatment programs, to some which are good social work oriented programs, to some which are little more than custodial care.

Among institutions for emotionally disturbed children, those called "residential treatment centers" are highly intensive institutional programs, which pattern the whole of the children's environment in the service of treatment goals. The following description is typical (Jewish Board of Guardians, Jewish Child Care Association, p. 10):

> Childville offers a specialized program of milieu therapy in which the total residence is the central tool of treatment. A well-trained supervisory staff implements the treatment plan developed for each child. Social worker therapists, child care workers, teachers, remedial specialists, music and dance therapists, pediatricians, nurses, religious instructors, cooks, porters, laundresses, and all other staff play a role in meeting the children's physical and emotional needs; all are integrated into the total treatment plan.

The general point is made more succinctly in the brochure of another agency (Linden Hill School, of the Jewish Board of Guardians, p. 4): "even the bricks are part of the therapeutic plan." The "residential treatment center" tradition is, by and large, psychiatry oriented, and both highly specialized and professionalized. As a consequence, residential centers like Bellefaire in Cleveland or the Hawthorne-Cedar Knolls School in New York are also very expensive. Professionals in the field generally applaud the quality of these institutions, which have served as pioneers in treatment modes.

An examination of residential treatment centers at their best would not yield an overall picture of sectarian institutions for emotionally disturbed children, since the variation is so very great. Instead, it therefore may be helpful to consider a wider range of institutions, making use of available statistical data where possible.

Children generally have ongoing relationships with a number of adults, including maintenance men, child care workers, caseworkers, teachers, and more rarely, psychiatrists. Of the clinical staff, children have most contact with child care workers, who are on the grounds of the institution 24 hours a day. At least once a week most children have a therapy session with a caseworker. In 1966, 58.9 per cent of children in Protestant institutions, 50.9 per cent of the children in Catholic institutions, and 81.9 per cent of the children in Jewish-sponsored institutions were seen by social workers once a week or more (Pappenfort and Kilpatrick, Vol. 4, 1970, p. 75). This contrasts starkly with the statistics for institutions for dependent-neglected children; in these institutions, between 65 per cent and 70 per cent of the children were not seen by social workers regularly after admission (Pappenfort and Kilpatrick, 1970, Vol. 2, p. 75). It is uncommon for children in any institutional setting to have a therapeutic relationship with a psychiatrist. Less than 20 per cent of the children are seen by psychiatrists regularly after admission (Pappenfort and Kilpatrick, 1970, Vol. 4, p. 71). Children have therapeutic relationships primarily with caseworkers. Therapy with parents is common, and sometimes required; it is provided by 125 out of 149 institutions (Pappenfort and Kilpatrick, 1970, Vol. 4, p. 84).

Although casework therapy for a long time has tended to imitate psychiatric patterns, i.e., interviews in the therapist's office, with 'talking' as the main activity, there is a trend away from such patterns. Caseworkers may be encouraged to meet the child in a variety of his life situations and to define the relationship between them in less rigid terms than traditional models might dictate. In addition to various forms of dyadic relationships with therapists, "therapy" may also include behavior modification programs and group therapy. Recreation is viewed as 'treatment' to varying degrees by different agencies. In some institutions, professional group workers plan the children's recreational program, sometimes with an eye toward helping children work through particular problems.

Although caseworkers, and less often psychiatrists, are the primary professional therapeutic staff, the child care workers also play an important therapeutic role, serving as role models, as counselors, and in general, as helpers. Each child will generally have a child care worker assigned to him; unlike the professional therapist, the child care worker can develop his relationship to the child in many contexts and during long stretches of time. According to Mundt and Whiting (1970, p. 22), child care workers are now recognized as the primary treatment staff. Agency directors, recognizing their importance, tend to be increasingly careful in their selection, and make provisions for their training.

Most of the children in sectarian institutions for the emotionally disturbed are school age, and therefore participate in an educational program. Many institutions have partial or total educational facilities on the grounds of the institution; in some cases, arrangements are made that establish the institutional school as a part of the public school system, and special educators hired by the public school system teach in the school. Some institutions, however, do not have educational facilities and rely on the educational programs of the local community. Even institutions that do have their own educational program will send some children to the local public school. Directors interviewed were sensitive to 'institutionalization-syndromes' and sought to ensure that children did not get so comfortable in the institution that they would have a difficult time adjusting to non-institutional communities. Hence, children who are able to do so are encouraged to participate in public schools and other community activities.

Although treatment in sectarian child care agencies is in most cases indistinguishable from treatment provided in nonsectarian institutions, sectarian child care institutions do make provisions for religious education. In 1966, roughly two-thirds of the children under care in sectarian institutions for emotionally disturbed children participated in a religious education program. This compares with a 50 per cent rate of participation for the total private sector, and a 41.9 per cent rate of participation for those in public institutions for emotionally disturbed children. Thus, although, predictably, the rate of child participation in religious education programs is higher in sectarian than in extra-sectarian institutions, the difference in their respective rates is not as great as might have been expected in view of the fact that, after all, sectarian agencies are in some sense church-related. Agency directors interviewed indicated that participation in their religious education programs is voluntary.

At periodic intervals, the case of the child is reviewed by the agency staff, with the aim of evaluating his progress, considering changes in the treatment program, his readiness for discharge, etc. Informal discussions of this kind are frequent among staff members; but at the periodic review conferences, formal decisions and evaluations are made. Typically, according to Pappenfort and Kilpatrick's data (1970, Vol. 4, pp. 90-91), participants in the review conference include the agency director, the casework supervisor, the child's child care worker, and the psychiatrist. A psychologist is an infrequent participant, and the child or his parents participate even more rarely. It is of interest to note in this connection that in institutions for dependent-neglected children, the child and/or his parents are more frequently included in review conferences (Pappenfort and Kilpatrick, 1970, Vol. 2, pp. 90-91). Perhaps with the declaration of emotional disturbance, parent and child cede the right to participate in decisions affecting the child's life. Such decisions are delegated to professionals, to the point of excluding the beliefs and feelings of the child or his parents.

The length of time a child stays in an institution is a function of a number of factors, including the nature of his problems and the progress he (and his family) have made in dealing with them, the traditions of the institution, and the presence or absence of adequate extra-institutional programs into which the child might be placed when he leaves the institution. Many agency directors are concerned over the failure of their communities to develop programs for children with emotional problems; sometimes, for example, children are retained in an institution because of the absence of a sufficient number of foster homes or of a group home. In general, however, the length of time children spend in institutions has decreased in recent years, a fact that welfare leaders proudly make known in their declarations that sectarian child care institutions are not custodial but treatment-oriented institutions, aiming to restore the child to his family (See, for example, Mundt and Whiting, 1970, p. 16).

In Protestant and Catholic institutions, children most commonly stay from one to two years; 47.2 per cent of Protestant institutions and 62 per cent of Catholic institutions report one to two years as the average length of stay. In contrast, 63.7 per cent of Jewish institutions report that the average length of stay is two to five years. That children spend more time in Jewish institutions than in Catholic and Protestant counterparts may be due to the fact that Jewish institutions have tended to specialize in work with severely disturbed children.

At discharge, sectarian institutions may have available one or more of the following services: a foster home placement, an after-care program, a halfway house or group home. Such programs serve to continue treatment under circumstances that allow the child to become gradually reintegrated into the everyday extra-institutional world (Pappenfort and Kilpatrick, 1970, Vo. 4, p. 210). In this connection note should be taken that although foster homes, group homes, and institutions have been discussed separately, all three forms of care may have a place in a child's treatment program.

Record Keeping

Systematic record-keeping was a feature of 'scientific' care-giving which many sectarian child care agencies resisted at the turn of the century. They were sharply critical of what appeared to them as the cold, calculating, impersonality of systematic records, which seemed to have very little in common with the elevated spirit of charity. Today, many sectarian welfare leaders believe that the best way to promote religiously-inspired charity is to provide the highest quality of care, and that record-keeping facilitates this end. Moreover, even when workers in sectarian agencies find record-keeping burdensome and unhelpful, they are constrained to keep them. Constraints come from outside the sectarian systems, and sometimes from the inside.

In many states, state licensing laws stipulate that records of various kinds be kept for every child treated by an agency. Records include such information as the reason for admitting a child, his history and the agency's diagnosis, the agency's treatment program as well as on-going records indicating how the agency is providing for the child's needs. In Michigan, for example, the state requires a treatment plan within 30 days of the admission of a child to residential care, as well as quarterly updates.

Similarly, United Fund organizations often require elaborate records of the kinds of services provided, in what quantity, and with what results. Agencies are also required to specify the religious and racial composition of their staff board members, and clientele, with special emphasis on issues relating to the presence of minority groups. In some cases, United Fund organizations have begun to require beneficiary agencies to provide them with 'functional cost accounting; that is, they want highly specific interpretations of the way agency funds are used, with the budget broken down into such categories as number of treatment hours, number of supervision hours, etc. They have also exerted some pressure to get agencies to operationalize their conceptions of 'progress' and 'success,' in order that these might be better measured.

When funding groups internal to the system provide large sums of money, they too will demand extensive records of the kinds of services provided. The Jewish Federation of Detroit, for example, requires of its beneficiaries monthly budget statements, broken down into a number of distinct categories. Other organizations to which many agencies belong, notably the Child Welfare League, also require agency records at periodic intervals.

Thus, two kinds of organizations require information from agencies: funding agents and accreditation agents. By means of the records provided, they attempt to ascertain the quality and quantity of service provided by the agencies, its distribution among different population groups, its efficiency in dollars-and-cents terms, as well as its conformity to, or deviation from accepted moral and professional standards. In the case of state departments of social services, records permit, in theory, a monitoring of the work done by agencies, with an eye toward ensuring that agencies do not abuse the trust vested in them by the public and by referral agents (among which public agencies are often prominent); they may also be used to guarantee that agencies conform to legal professional requirements, as well as to requirements pertaining to nondiscrimination. Funding groups like the United Fund organizations (as well as denominational territorial organizations) use the records provided by agencies in order to ensure that their investment has not been squandered inefficiently or on programs with which they do not sympathize. In addition to this, the United Fund makes use of the information collected from its various beneficiaries in order to establish its own priorities in the future. If the records provided by agencies reveal that, as a whole, agencies are not meeting a pressing community need, the United Fund may earmark funds for the fulfillment of this need. If, on the other hand, it discovers that agencies are unnecessarily and wastefully duplicating each other's services, it may apply pressure in the direction of amalgamation or elimination of certain programs. Records thus provide information about what is and is not being done in areas of need.

Comparable research is also undertaken on a national scale. For example, the Council of Jewish Federations and Welfare Funds also requests information from agencies periodically. With the aid of this data, the Council's Child Care Committee seeks to discover the major trends in the area of Jewish child care changes in the kinds of problems brought by children, in the kinds of programs provided for them, in the policies of Jewish agencies toward non-Jewish children and toward nonsectarian and public organizations. Such information is then used by the Committee as a basis for predicting future needs and problems, and for considering the different paths agencies and local federations might take in the future. The research and recommendations of the Child Care Committee are then made available to the local federations and agencies, which can make use of this information for their own purposes. Thus, within the Jewish child care system, records from agencies flow to a central source where they are integrated and studied, and then returned to the local organizations for their own use. One of the features of this pattern is that Jewish child care agencies across the country are aware of each other's activities, and can capitalize on their knowledge of the successes and failures of agencies experimenting with different programs.

Generally speaking, then, agencies provide information to a number of different organizations, which then used this information in ways that influence the agencies' policies. Through the mediation of other organizations, feedback loops are created which ultimately may transform the agency, as Figure 2 demonstrates.

Within agencies, records often function as "management-tools;" that is, in addition to describing what agencies do, they provide a concrete incentive to comply with accepted standards. Knowing that they will be checked periodically, agencies are more likely to comply with requirements. This is especially true where the requirement cannot be "bluffed." Case records can be invented, but one cannot as easily prevaricate on issues relating to nondiscriminatory personnel practices. On issues where "fudging" is possible, the management effect of record requirements is less pronounced.

Ideally, case records can be the basis for evaluating the progress and rethinking and treatment of a child. Agency directors interviewed, however, noted that their workers resent putting together compilations of their work, and only do it to satisfy the demanding outside. The directors in question were somewhat disparaging of this attitude, seeing in case records important resources for the supervision of workers and in-service training, as well as for helping children in treatment.

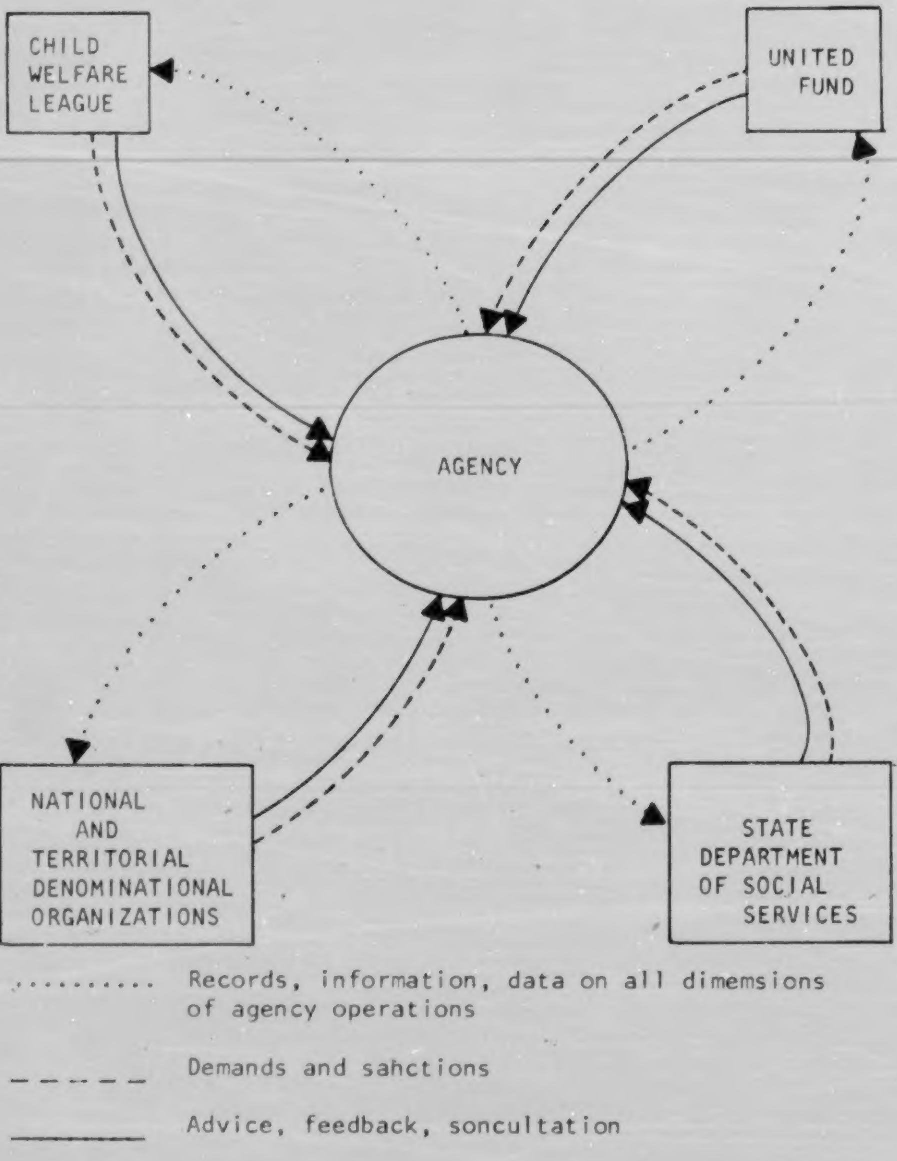

CHILD WELFARE LEAGUE
UNITED FUND
AGENCY
NATIONAL AND TERRITORIAL DENOMINATIONAL ORGANIZATIONS
STATE DEPARTMENT OF SOCIAL SERVICES
.... Records, information, data on all dimemsions of agency operations
– – – – – Demands and sahctions
———— Advice, feedback, soncultation

Figure 2. Information and control loops.

II. THE ORGANIZATION OF SECTARIAN SYSTEMS

A family agency or specialized child care agency providing services to children may be considered under two aspects; on the one hand, it may be described as an individual system made up of a number of distinct components; on the other hand, the 'agency-system' can be viewed as a subsystem of a larger sectarian system. Discussion of the organization of the sectarian child care enterprise will begin with an analysis of intra-agency organization, and will proceed to a consideration of the larger system in which the typical sectarian agency participates as an element.

The Agency as a System

Sectarian welfare agencies, like their nonsectarian counterparts, are hierarchially organized systems. Figure 3 describes the typical organizational structure of a sectarian agency. The components of the system include a board of directors, an executive staff (sometimes a single person); a professional clinical staff, a nonprofessional clinical staff, i.e., in group homes and institutional programs, as well as maintenance, housekeeping, and administrative personnel. Generally speaking, the hierarchy approximates the order described in the preceding sentence. It is, however, necessary to specify the qualifications, duties, and prerogatives associated with each of the niches described as well as to outline the standard patterns of relationship between their respective occupants.

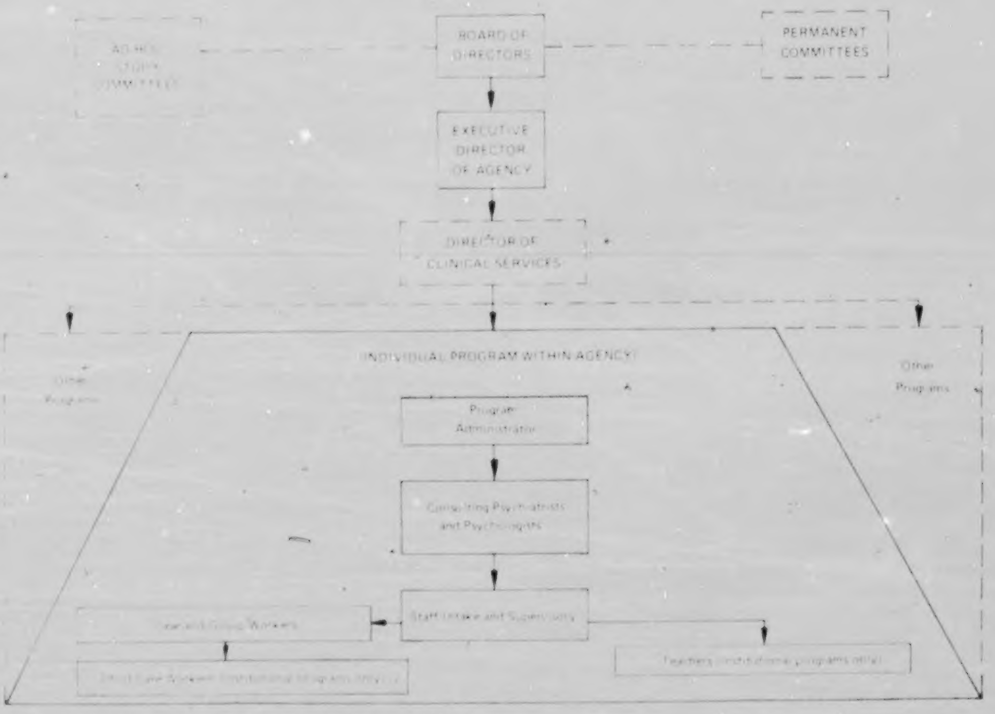

AD HOC STUDY COMMITTEES
BOARD OF DIRECTORS
PERMANENT COMMITTEES
EXECUTIVE DIRECTOR OF AGENCY
DIRECTOR OF CLINICAL SERVICES
(INDIVIDUAL PROGRAM WITHIN AGENCY)
Other Programs
Other Programs
Program Administrator
Consulting Psychiatrists and Psychologists
Staff (Intake and Supervisory)
Case and Group Workers
Child Care Workers (institutional programs only)
Teachers (institutional programs only)

Figure 3. Sectarian Agencies [illegible] systems (hypothetical example)

Personnel

The hierarchy. Agency directors are at the top of the personnel hierarchy and are generally responsible for hiring other agency personnel. Although they have clinical experience and may actively participate in treatment programs, in in-take decisions, and in review conferences, much of their job is administrative. It includes working with the agency board and with outside funding and accrediting groups, as well as with other individuals and groups able to influence agency policy. The agency director helps to set the tone of the agency; he is in a position to influence the character of the agency's board of directors, on the one hand, and the staff beneath him, on the other hand. Agency directors interviewed in the course of this research indicated that the professional outlook of the director is a crucial variable in determining the character of the agency. This outlook, in turn, is largely a function of his education; if the director received his professional training in a school committed to a particular treatment tradition, this would tend to influence his own views. In any case, a psychoanalytically-oriented director will tend to hire staff that shares his psychodynamic approach to the needs of clients; if a behaviorist, he will be more likely to hire behaviorist-oriented personnel. On the other hand, although the training of the director seems to influence his selection of personnel, it does not necessarily render him inhospitable to experimenting with alternative forms of treatment.

Agency directors are often, although not always, trained professionals with graduate degrees. All of the agency directors interviewed in the course of this research, whether they headed a multi-service family or child care agency or an institution for emotionally disturbed children, were social workers with MSW's from accredited professional schools. However, it would be a mistake to generalize from this circumstance: some agency directors have professional degrees in psychology or psychiatry rather than in social work; moreover, there are some agency directors with degrees in other fields, or with no professional degree at all. Agency directors lacking professional degrees in social work, psychiatry, or psychology, and lacking professional degrees altogether, are more frequently found in institutions for dependent-neglected children than in institutions for the emotionally disturbed. Pappenfort and Kilpatrick (1970, Vol. 2, p. 180; Vol. 4, p. 180) report the following regarding agency directors in the two kinds of institutions: of 145 directors of institutions for emotionally disturbed children, 46 per cent have graduate degrees in psychology, psychiatry, and social work, 27.5 per cent have other graduate degrees, fifteen per cent just have a college education, and ten per cent have less than a college education. In contrast, among 503 directors of institutions for dependent-neglected children, only thirteen per cent have graduate degrees in psychology, psychiatry or social work, 32 per cent have another graduate degree, 30 per cent have just a college degree, and ten per cent have less than a college degree.

Certification by an accredited school is thus an important, but not always necessary requirement for being an agency director. Level of educational attainment tends to be more important in institutions for the emotionally disturbed than in the less specialized institutions for dependent children.

Agency directors may be required to have 'religious legitimization.' That is, they may be required to be members of the sponsoring denomination. In some cases, agency directors are clergymen, in addition to being trained professionals. The director of the Detroit Baptist Children's Home is a Methodist minister; in his view, his being a minister, even of a different denomination, was an asset to him in applying for the job. Within the Catholic Church, although agency directors are not expected to be clergymen, diocesan directors of social service were required, until recently, to be priests as well as social workers, a policy no longer universally in force. Moreover, since many Catholic child care institutions are operated by Religious Orders, these institutions have tended to place priests and nuns in positions of authority.

Directly beneath the executive director of the agency, at least in those agencies that operate

TABLE I: ROLE CHARACTERISTICS OF AGENCY PERSONNEL

BACKGROUND REQUIREMENTS & HELPFUL CHARACTERISTICS			
EDUCATION	SOME RELIGIOUS AFFILIATION	MEMBER OF CLERGY	PERSONNEL ROLE
- M.D. (Psychiatry) - Ph.D. (Psychology) - M.S.W. - other graduate degrees - college degrees - non-college degrees	-often relevant -sometimes required	sometimes helpful	AGENCY DIRECTORS AND PROGRAM ADMINISTRATOR
- M.D. or Ph.D. (Psychology)	-sometimes helpful	irrelevant	PSYCHIATRISTS AND PSYCHOLOGISTS
- M.S.W.	-sometimes helpful	irrelevant	SUPERVISORS INTAKE STAFF
- M.S.W. (most) - College Graduate (some)	-sometimes helpful	irrelevant	CASE WORKERS AND GROUP WORKERS
- Teaching certificate (sometimes special education certificate)	-helpful for Catholics -others: seldom relevant	-helpful for Catholics -others: rarely relevant	TEACHERS
- some High School (no diploma) - H.S. Grads - College Students	irrelevant	irrelevant	CHILD CARE WORKERS

a number of different programs, there is likely to be a cadre of professionals, generally social workers, that adminster these various programs. There may be a Director of Clinical Services, to whom the director delegates major responsibilities for the agency's treatment programs. This individual, whether called by this name or another, may be responsible for hiring new clinical staff, for participating in intake decisions and review conferences, for promoting in-service training programs, and for supervision. He may also serve as a liaison between the staff and the agency director.

Beneath the executive personnel, including the administrators of specific agency programs, is a group of specialized professionals, such as intake workers and supervisors of the clinical staff. These individuals may or may not also be involved in ongoing direct service to clients, but in any case, stand a notch above the rest of the clinical staff in agency hierarchy.

Beneath them is the professional clinical staff, primarily social workers, who generally but by no means always have a Master's degree in Social Work. Their prominence in child care agencies has recently been noted by Mundt and Whiting (1970, p. 16):

> The personnel, which are most critically involved in the care and treatment of the children in an institution, are the social work staff and the child care staff. social work is the professional field that carries primary responsibility in providing a child welfare service. Institutions utilize the skills of both social case-workers and social group workers.

Although social case workers and group workers are the most numerous occupational group in the agency, they are not the most prestigious or powerful. Psychiatrists are located above them in the agency hierarchy, although their participation may be limited to certain areas and on a part-time basis. Their educational attainments and professional skills are generally considered superior to those of social workers, and they are paid at higher rates; indeed, if pay scales are any indication of importance to the agency or of power, psychiatrists are considered more valuable and more powerful than agency executives themselves, since, in some cases, they are paid at higher rates (Jewish Children's Bureau of Chicago, 1970). Psychiatrists serve a number of functions which often include evaluation of potential clients and participation in intake decisions, consultation on difficult treatment decisions, and on the development of new programs. In some agencies, psychiatrists are also involved in in-service training programs; moreover, there are cases in which they see children regularly in therapy. Agency directors interviewed indicated that the opinions of their consulting psychiatrists were given a great deal of weight in their agencies, although they also added that it was not the psychiatric role per se that commanded their respect, but the individual who happened to occupy it.

In addition to psychiatrists and social workers, sectarian agencies employ other professionals. A psychologist is sometimes employed on a part-time basis to do psychological testing and evaluation of potential clients. In addition, agencies which have on-the-grounds educational programs make use of teachers, who often have degrees in special education. In many agencies, only some of the teachers are employed by the agency itself; the rest are provided by the public school system, and are subject to its constraints (Pappenfort and Kilpatrick, 1970, Vol 4, p. 106; Davids, c. 1970, p. 5).

Beneath the professionals in an institution's program is the child care staff, which generally comprises the largest single group of agency personnel. Indeed, social workers are outnumbered by child care staff as well as by the housekeeping and maintenance staff. Institutions for emotionally disturbed children report that their full-time staffs include 1,174 child care workers, as against 766 professionals (Pappenfort and Kilpatrick, 1970, Vol. 4, p. 142).

Children spend the bulk of their time with child care workers. Unlike their professional counterparts, child care workers do not generally have graduate of even college degrees. Their training is mainly in-service training and on-the-job supervision (Pappenfort and Kilpatrick, 1970, Vol. 4, p. 202).

The second most numerous personnel group, the housekeeping and maintenance staff, inevitably plays an important role in the children's lives, and some agency directors recognize them to be an important resource in their total program. One director, for example, declared that in considering applicants for such jobs, he seriously appraises their attitudes towards children and the way they interact with them, and that these are as important to his decision to hire or not hire them as are the technical, nonchild-oriented skills that they possess. Table 1 summarizes the role characteristics of the various classes of agency personnel that have been discussed.

Patterns of Interactions Among Agency Personnel

Within this organizational structure, a range of interaction patterns exists. Typically, in addition to a variety of informal interactions, memoranda tend to flow downwards from the top echelons of the agency hierarchy, and reports on children travel upwards from the clinical staff working with children. In addition to written communications, there are structured opportunities for face-to-face interaction. Regularly scheduled meetings are of two kinds: those which promote interaction within a given class of personnel and those which bring together different categories of personnel. Examples of the first include periodic meetings of supervisory personnel and meetings (described by the Jewish Children's Bureau as 'integration meetings') for the child care staff. Examples of the second are supervision sessions, which bring together clinicians and the supervisory staff, general staff meetings, and review conferences. The latter furnish the opportunity for all agency personnel involved with a specific child, regardless of their status in the hierarchy, to trade perceptions and information, and to plan the child's future treatment.

Agencies that have staff development programs provide additional structures for staff interaction. For example, in 1970, Chicago's Jewish Children's Bureau ran a continuing seminar on group treatment, led by the agency's psychiatric consultant, and attended by the child care, teaching, and social work staff. An additional program of fifteen sessions, planned with the Chicago Institute of Psychoanalysis, was held for the professional staff. Some of these sessions were limited to supervisory staff (Jewish Children's Bureau, 1970).

In general, then, provisions for intra-agency interaction, while they sometimes serve to allow communication between different levels of the agency hierarchy, also serve to reaffirm the hierarchy, and to establish a sense of group identity at different levels. Interaction in the agency serves purposes of both integration and differentiation. It allows for communication across different levels but also ensures that the distinctions between these levels ars preserved.

Agency Board of Directors

The agency system is essentially pyramid-like in organization. The most numerous, but least prestigious and well paid groups, the housekeeping and maintenance staff and the child care staff, occupy the bottom slot in the agency's occupational hierarchy; above them is the professional staff, followed by the executive staff. With each move upwards, the number of the individuals occupying that level decreases, and salary and prestige increase. At the apex of the pyramid is the agency's board of directors which, within certain constraints laid down by state licensing organizations and, in some cases, denominational organizations, holds formal authority for the agency's programs and policies. Although its actual role varies considerably from agency to agency, it is potentially, and in some cases actually, a highly influential body. Attention will be focused on standard mechanisms for the selection of board members, on typical qualifications for the job, on the characteristic responsibilities of the board, as well as on its relationship to the agency's executive.

The Board of Directors

Like their nonsectarian counterparts, sectarian agencies vary greatly with respect to the procedures they employ to choose members of their boards of directors. The selection procedure used by an agency is stipulated in its bylaws. Were all agencies of a given denomination the *offspring of a central territorial or national organization, one might reasonably expect the bylaws* relating to the selection of board members to be similar; since, however, sectarian agencies have arisen in many different ways and are tied to denominational organizations variously, if at all, agency bylaws tend to reflect the local situation. Among Lutheran child care agencies, for example, "there is considerable variation in the nomination and election procedure for board members (Mundt and Whiting, 1970, p. 11)."

Methods of selection. Two typical patterns of board selection are depicted in Figures 4 and 5. In the first pattern, all or a certain proportion of agency board members are selected by a higher

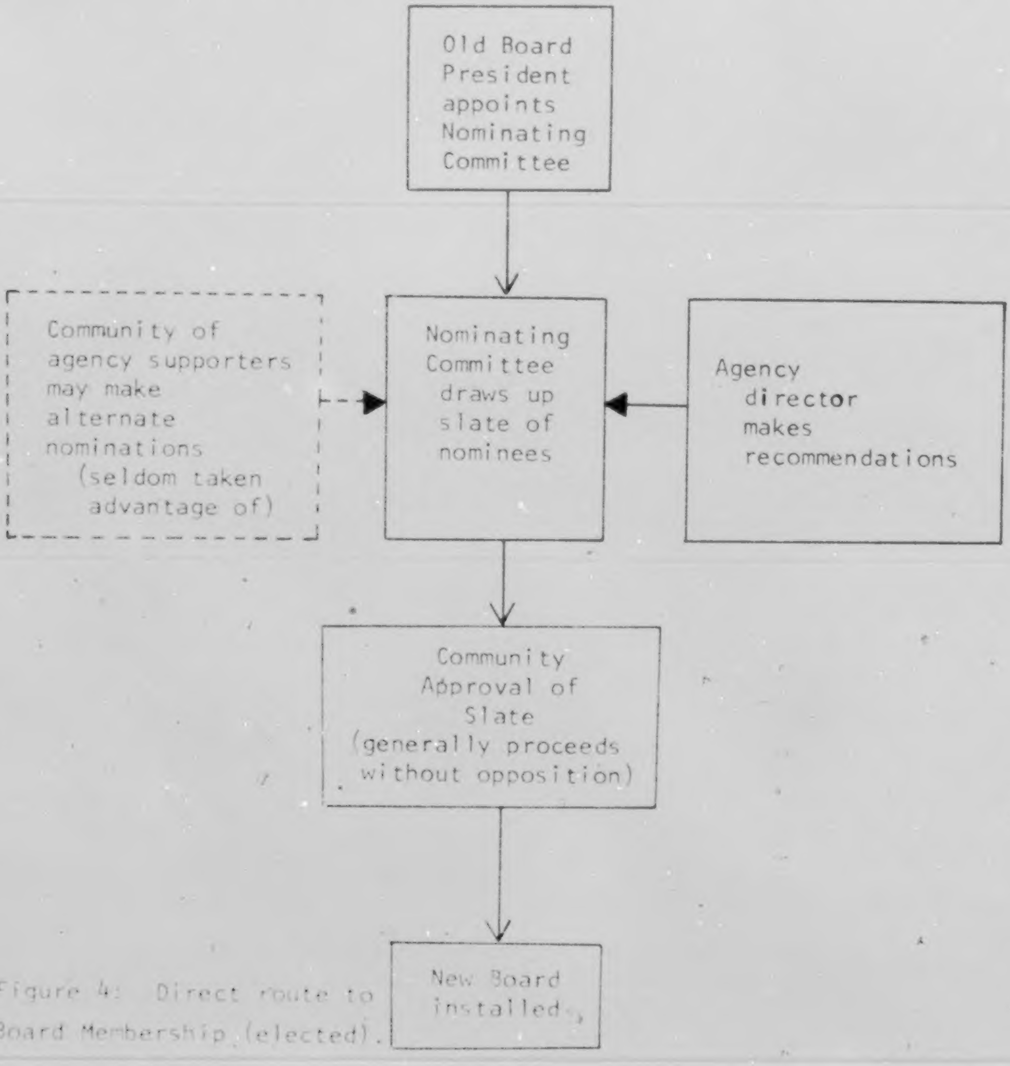

Old Board President appoints Nominating Committee
Community of agency supporters may make alternate nominations (seldom taken advantage of)
Nominating Committee draws up slate of nominees
Agency director makes recommendations
Community Approval of Slate (generally proceeds without opposition)
New Board installed

Figure 4: Direct route to Board Membership (elected).

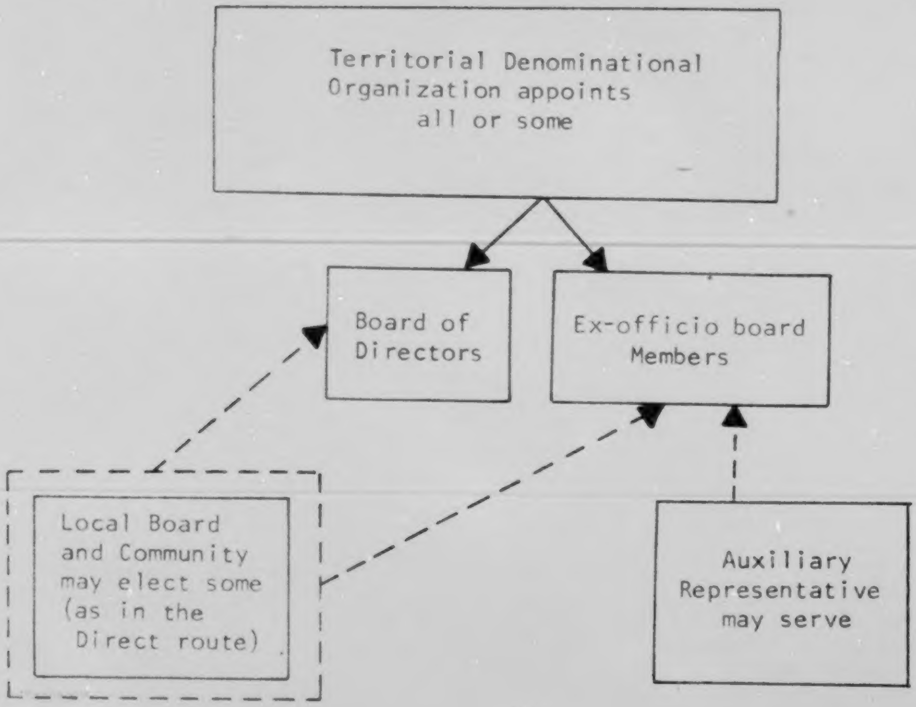

Territorial Denominational Organization appoints all or some
Board of Directors
Ex-officio board Members
Local Board and Community may elect some (as in the Direct route)
Auxiliary Representative may serve

Figure 5: Indirect route to board membership (appointed).

order denominational organization, generally the regional or territorial organization. This is true of many Lutheran agencies (Mundt and Whiting, 1970, p. 11), and of Methodist agencies. In many Episcopal agencies and Catholic agencies, the territorial organization is empowered to appoint a full-fledged or *ex officio* board member (John Hayes, personal communication, 1973). In those cases in which only a part of the board is selected by the territorial organization, the remaining board slots are filled through the mechanisms established by the agency, and these often resemble the second pattern to be described. It is characteristic of this second pattern that the existing board of directors, the agency executive, and at least in theory, the financial supporters of the agency, determine the future composition of the board (Executive Council, Diocese of Michigan, Episcopal Church, 1966, p. 3).

In the second pattern, which is characteristic of many agencies in a variety of denominations, the existing board's nominating committee selects a slate of nominees. The advice of the agency director may be solicited; he may, for example, be asked to recommend individuals whom he believes will be of service to the agency, or to veto individuals proposed by the nominating committee. Once the slate of nominees has been finalized, the slate will be put up for election at the agency's annual meeting. Formally, this meeting is open to the local denominational community which contributes to the financial support of the agency or of the territorial organization. In some cases, anyone in attendance is empowered to propose additional candidates for the slate. In practice, however, only the board, the executive, and the agency's staff tend to attend these meetings. Rarely, if ever, is a nomination proposed from the floor, and as a rule, the slate proposed by the nominating committee is unanimously approved by "the community." Put differently, although elections are held in conformity with agency bylaws, the elections tend to be *pro forma* acts; in practice, the candidates for board membership selected *by the nominating committee go unchallenged. It is therefore the* agency board, often reflecting the views of the director, that in practice determines its successor board, rather than the theoretical "community," which "elects" new members of the board. Even when the procedure for selecting new board members differs somewhat from the procedure just described, it is still very common for such alternative procedures to give a great deal of weight to the views of existing board members and, often, of the agency director.

Composition of boards. An important set of qualifications is succinctly summarized by one agency director, who said, "We want board members with money and access to money; with political clout and access to political clout (David Ball, personal communication, 1973)." That is, agencies tend to seek out wealthy individuals and individuals enjoying prestige and power in the denominational and general community. Thus, a recent reaccreditation study prepared by the Jewish Children's Bureau of Chicago (1970) gave the following description of its board of directors. They included twelve presidents or executives of companies, six attorneys, four housewives, one architect, one Certified Public Accountant and one rabbi. The primacy of power, wealth and prestige aptly suggests both the tight financial situation of private child care agencies, and their heavy dependence on the decisions made by other groups and organizations, public and private. Individuals fitting this set of qualifications may have no special interest or knowledge in child welfare, and agency directors often regard it as one of their tasks to "educate" new board members to the needs and problems of the agency.

A second qualification is often required of potential candidates for board membership, namely, that they belong to the sponsoring denomination. Agency bylaws or the national denominational organization may stipulate that a certain percentage of the board belong to the sponsoring denomination; in some cases, the same outcome results simply as a matter of informal, yet nonetheless coercive, traditions.

On the other hand, explicit or tacit rules regarding the religion of board members have, in many cases, been revised in recent years under pressure from extra-denominational bodies, such as the United Fund and the Child Welfare League of America. These organizations have used their power to encourage agencies to broaden their representation beyond the confines of the denominational community. In particular, they have pressured agencies to introduce onto boards members of the ethnic and racial groups served by the agency, even when they are not members of the sponsoring denomination. Agencies have often acquiesced to such pressures, although some agencies have vigorously resisted them.

Agencies have also been pressured to introduce onto their boards individuals from their client populations even though they may lack prestige and wealth qualifications. Again, different agencies have responded in different ways to such demands.

Board functions. Although authority for formulating agency policies and practices is generally located in the board of directors, actual involvement of the board in such formulation varies considerably from agency to agency. While in some cases agency boards may actively participate in deliberations relating to policy decisions, and place implicit or explicit limits on the decision-making prerogative of the executive, in other cases, boards tend to be very passive and act as "rubber stamps" for the decisions already made by the agency executive. This is often true of "prestige boards," which are composed of individuals selected solely on the basis of their wealth and prestige.

Actual board functions are not, however, generally reducible to the alternatives of active decision-making and policy formulation, or the more passive role of lending prestige to the agency. On the contrary, as agency directors and professionals have over the years assumed greater and greater decision-making responsibilities, in areas that are increasingly specialized, agency boards have themselves taken on new roles of various kinds. As noted above, the board often plays an important role in soliciting funds and in helping the agency to establish favorable relationships with the organizations and groups on whose decisions the agency's future depends. Board members are often in, or close to, positions of political power. Their prestige and power enable them to influence individual contributors, funding organizations, and public officials in a position to harm or benefit the agency.

"Working boards," as opposed to "prestige (or figurehead) boards" may also perform a number of other duties. In some cases, they form committees, each responsible for different agency needs. One committee may do research relating to the feasibility and advisability of new programs. For example, a Jewish family agency in Detroit has a committee investigating whether or not there is a need in the community for a therapeutic nursery school. Other committees may be charged with such responsibilities as promoting the agency's volunteer program, doing public relations, or investigating legislative issues on which the agency should take a stand. Thus, in recent years, under the direction of its Public Affairs and Communications Committee, the Jewish Children's Bureau of Chicago publicly took a position in support of legislation "ensuring special education for all handicapped children in the state and securing adequate appropriations for the Commission on Children as well as raising the amounts of reimbursement to private agencies for placement services to realistic standards (Jewish Children's Bureau, 1970)."

Board/executive interaction. The relationship between the executive director of an agency and its board of directors is complex. Formally, the board is the agency's highest formal authority; the director is subordinate to the board and is in fact hired and employed by it. On the other hand, the agency director is generally a highly trained, specialized professional, who is more at home with and more knowledgeable about the needs and problems of the agency than is his board. Moreover, although he is hired by the board, the director generally survives the terms of membership of most of those who chose him, and he often has a large measure of influence in the selection of new board members. He may be capable of "packing the board" to ensure that the board will not place unwanted constraints on his decisions. In addition to this, the agency director is the principal mediator between the board and the rest of the agency. It is he who generally prepares the agenda for board meetings. The way he chooses to handle this mediating role has a great deal to do with the way the board regards itself and the agency. Through his mediation, he may keep the board isolated from most of the religious groups in being totally separate from ecclesiastical or jurisdictional units of the denomination.

Patterns Within the Larger Sectarian System

The different elements in the denominational systems relate to one another in different ways. In some cases, agencies have virtually no relationship, formally or informally, with either national or territorial organizations. In other cases, agencies are tied to territorial and/or national organizations by lines of authority. In still other cases, agencies are tied to these denominational organizations by lines of influence of various kinds, even when these organizations have no formal authority over the policies and programs of the agencies. Finally, there may be additional patterns of interaction between agencies and organizations which serve to maintain the system and which benefit the agencies, but which do not involve the use of power by denominational organizations to shape agency programming. Figure 6 indicates the range of typical relationships which may exist between agencies and other denominational organizations.

It is noteworthy that agencies of the same denomination may hold different relationships to the same territorial organization. Some may be owned by the territorial organization, while others are not. Sometimes, an agency which exists in the geographical domain of a territorial organization may be linked not to the territorial organization but to an extra-territorial church organization. For

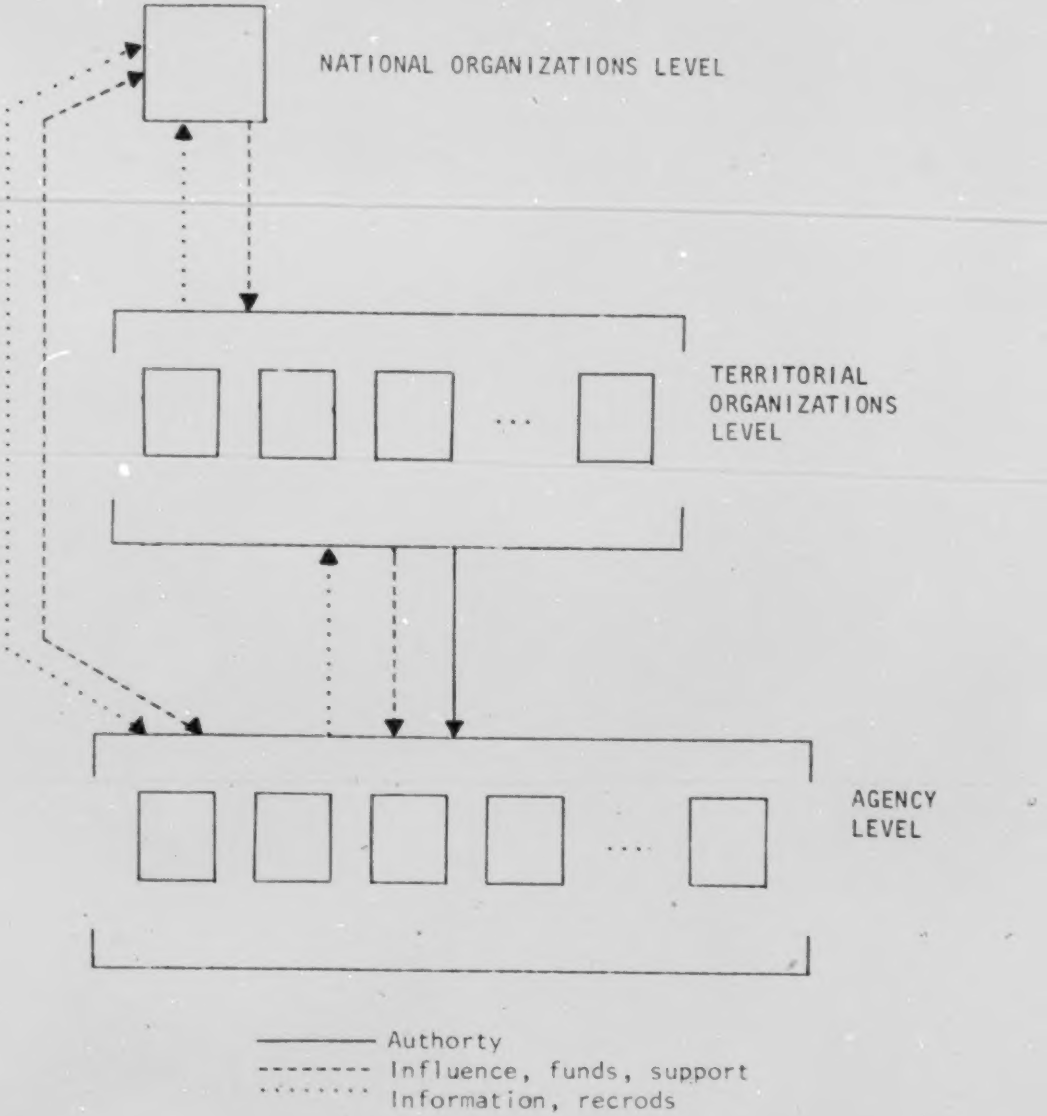

NATIONAL ORGANIZATIONS LEVEL
TERRITORIAL ORGANIZATIONS LEVEL
...
AGENCY LEVEL
....
Authorty
Influence, funds, support
Information, recrods

Figure 6: Structure of a typical Sectarian System.

example, some Catholic institutions are owned and operated by religious orders which are not formally a part of diocesan organization. Although they continue to operate "by invitation of the Bishop," they are formally responsible to other church bodies. Episcopalians distinguish between two kinds of agencies: those canonically responsible to the Convention of the Diocese, and "those organizations which are identified with the Protestant Episcopal Church through history and tradition, and which offer the religious ministry of the Protestant Episcopal Church to their clients or patients (Episcopal Church Diocese of Michigan, *Statement of Guiding Principles*, 1966, p. 2)." These two kinds of agencies relate to the diocesan organization differently.

Authority structure. Formal authority for the policies and programs of the agency is either vested entirely in the agency or is shared with superordinate denominational organizations.

(a) Authority is vested in the board of directors. In many sectarian agencies (for example, those under Jewish, American Baptist, and Lutheran [Missouri Synod] auspices), ties to denominational bodies are informal and nonauthoritative. Such ties as there are, and sometimes there are none, are not stipulated in the agency's bylaws, and formal authority for an agency's programming begins and ends with its board of directors. In such an agency, there is no higher order person or organization in a position to authorize the agency to enact one policy rather than another.

(b) Authority is shared with superordinate organizations. Typically, although not always, it is a territorial denominational organization rather than the national organization that has an authoritative relationship to an agency, although the extent of authority may differ greatly even within a single denomination. In some cases, the authority of the territorial organization is grounded in the circumstance that the organization owns the agency's property, as is the case with some Catholic agencies. Sometimes, the agency is formally a territorial agency, sponsored by the territorial organization. For example, many Catholic agencies are diocesan institutions, accountable to the Bishop or his representative. In some cases, while the authority for determining agency policy is vested in the board of directors, the agency bylaws stipulate that all or a certain percentage of the agency's board members be appointed or elected by the denomination's territorial organization. For example, agencies canonically responsible to the convention of an Episcopal Diocese must allow membership on their boards of directors to individuals from the diocesan staff (Executive Council, Diocese of Michigan, Episcopal Church, 1966, p. 3). The bylaws of the United Methodist Children's Home Society of Michigan stipulate that almost half of their board membership be elected by the two conferences to which the agency is tied. Similarly, in many Lutheran agencies, boards of directors come totally or in part from their respective territorial organizations (Synods or Districts, depending on the church body). In the Lutheran Social Services agency of Michigan, the District conventions of the two sponsoring denominations, the Lutheran Church of America and work of the agency; alternatively, he may work to bring the board into close working relationships with agency staff members and programs.

Although the board is in a formal sense "superior" to the agency executive, it is in practice highly dependent on him for information about the work of the agency, about its needs and problems, and about the board's own role. The executive's attitude toward the board and the expectations he has of it are thus a decisive factor influencing the role the board in fact plays. An agency director who is jealous of his own power may attempt to keep his board passive; he may communicate to the board that he expects little of it, do little to actively involve it in the agency's work, and keep potentially difficult individuals from attaining membership (John Hayes, personal communication, 1973). On the other hand, an agency director that wants an active, "working board" may attempt to educate his board about child welfare generally and about the needs of the agency in particular. He may encourage the board to become familiar with the agency's staff and programs as well as to deliberate with him about the issues facing the agency.

The Larger Sectarian System

Elements of the System

The sectarian agency is a sub-system of a larger system which typically includes two levels of organization additional to the agency level. At the national level most denominational groups have an organization engaged in matters related to social welfare. Generally, these national organizations are units of the denomination's national ecclesiastical organization. For example, the Boards of Social Ministry of the three major Lutheran bodies, and the Division of Health and Welfare Ministries of the United Methodist Church are each elements in their respective national church organizations. On the other hand, the National Conference of Catholic Charities is largely independent of the formal structure of the Catholic Church. It is a "self-organized federation and has a liaison relationship with the United States Conference of Bishops (McDaniel, c. 1969, p. 113)." Similarly, the national Jewish welfare organization related to direct service agencies, the Council of Jewish Federations and Welfare Funds, is independent of any ecclesiastical structure.

A second level of organization may be described as *territorial*. At this level, denominational organizations have as their domain a specified geographic region, ranging from a large metropolitan area to a state. The domain of these organizations is often co-extensive with an ecclesiatical unit, and in most cases the welfare organization is formally a part of the territorial ecclesiastical organization, a jurisdictional unit of the church known as a Diocese, District, Conference, Convention, Synod, etc. The typical Jewish territorial organization, the Federation of Jewish Philanthropies, differs from the territorial organizations the American Lutheran Church, provide for the entire constituency of the agency board of directors.

Participation by the representatives of the territorial denominational organization on the agency's board of directors is considered one of the most important ways the denominational group makes itself felt in the workings of the agency. According to David Ball, the director of Michigan's Methodist Children's Home Society, the heavy representation of the Methodist Conferences on the agency's board, in combination with the funding power of the denomination, has as its consequence that "the church controls this whole program (personal communication, 1973)." Similarly, according to spokesmen for three Lutheran agencies (Planning Church Related Social Welfare, 1971, p. 42).

> Perhaps the strongest role played uniformly by the Districts and Synods is their participation on agency Boards of Directors. In this capacity, jurisdictional representatives can play an important role in working with agency management to shape the future role of the agency.

Some territorial organizations have no formal authority over the agencies in their territory, in any of the ways specified. This is true, for example, of the Federations of Jewish Philanthropies, and of many districts of the Lutheran Church, Missouri Synod. This does not necessarily mean, however, that these territorial organizations are unimportant to the operation of their respective agencies.

As noted above, national denominational organizations generally have no formal authority over individual agencies (although there are cases in which the national organization itself operates a number of agencies). Organizations like the National Conference of Catholic Charities, the Council of Jewish Federations and Welfare Funds, the Boards of Social Ministry of the Lutheran Church Missouri Synod, and of the American Lutheran Church, as well as the national organizations of the Episcopal Church and of the American Baptist Convention have no formal authority over local agencies. That is, lines of authority, where they exist at all, tend to extend only to the territorial organization. (In the case of the Catholic Church, however, the United States Catholic Conference does have authority over territorial and local units.)

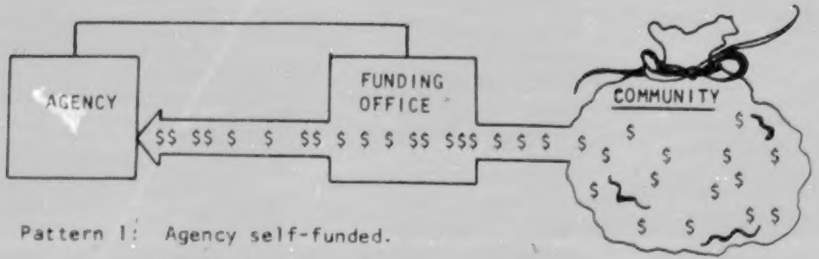
There are, however, exceptions to this generalization. For example, agencies sponsored by the American Lutheran Church are ineligible for the denominational funds distributed by territorial (synodical) bodies if they fail to meet the accreditation standards instituted by the national organizations' Board of Social Ministry (Dorothy Mundt, personal communication, 1973). Similarly, United Methodist agencies must be affiliated with the Certification Council of the United Methodist Church in order (1) to describe themselves as Methodist agencies, and (2) to be eligible for funds from their respective Conferences (Health and Welfare Certification Council of the United Methodist Church, 1973, p. 33). In order to be affiliated with the Certification Council, agencies must comply with certain specific requirements. For example, they must make an annual report to the appropriate Conference board as well as to the Certification Council, they must also budget funds annually for membership in the National Association of Health and Welfare Ministries of the United Methodist Church, and have new agency administrators participate in an orientation program sponsored by the Certification Council. Affiliated agencies must also have a 51 per cent Methodist constituency on their boards of directors. They are further expected to employ staff without regard to race, color, or sex, and to fulfill their duties and responsibilities in a manner which does not involve racial segregation or discrimination (Health and Welfare Certification Council of the United Methodist Church, 1973, p. 33)." The practical consequence of such affiliation requirements is illustrated in the case of a retirement home which described itself as Methodist because its board chairman was a Methodist minister. The United Methodist Church sought and obtained an injunction to stop the retirement home from calling itself a Methodist organization (David Ball, personal communication, 1973).

The attempt to restrict use of the denominational name through legal means is, however, atypical. Asked about the possibility of doing so, Dorothy Mundt, Secretary of Social Service Planning in the Lutheran Council of the United States, indicated that this had not been tried in Lutheran circles. It is also unusual for the national organization to be in a sufficiently powerful position to direct territorial organizations not to support agencies failing to meet certain requirements. With a few exceptions of the kind noted above, national organizations tend to be relatively powerless *vis-a-vis* their respective agencies and territorial organizations.

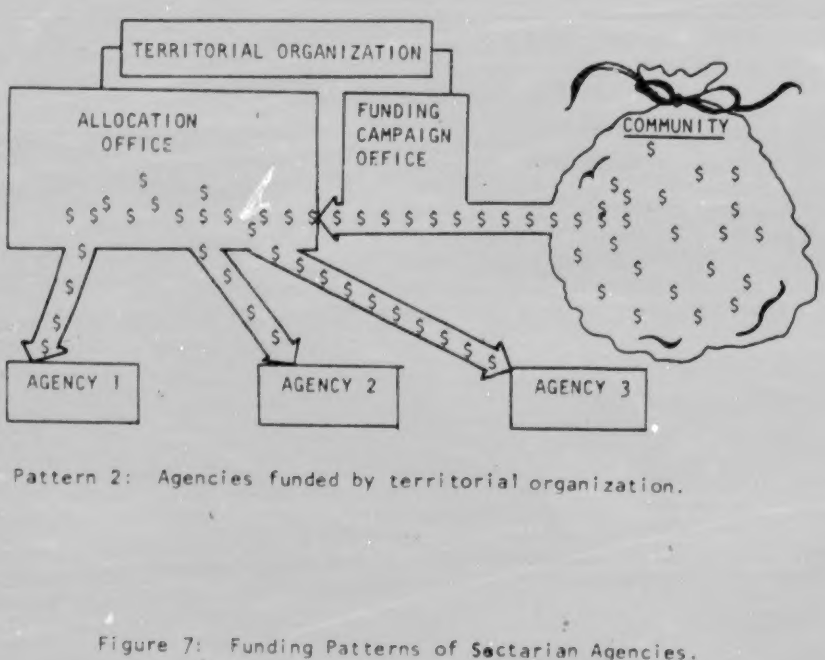
Nonauthoritative denominational influence. Even when a denominational organization has a measure of authority over an agency, this authority may in fact be no more than *formal*, and, in practice, may not be exercised, or may be exercised within a very limited scope. For example, although the Catholic Bishop or his representative has formal authority over most agencies in his diocese, in practice, agencies often function as autonomous organizations and have few dealings with the diocesan organization (John Hayes, personal communication 1973).

With the exercise of authority, there goes a responsibility for supporting the agency in certain predictable ways. A denominational organization which tried to guide an agency in a direction that would entail a loss of funding from extra-sectarian sources would be responsible for ensuring that other funds were available to the agency. If it is not in a position to do this, it might be wary of interfering with the agency's program. On the other hand, there are denominational organizations which hold no formal authority over agencies which yet have a great amount of influence over agency programs. This is especially true when they provide the agency with funds.

Funding routes. The greatest single variable determining the influence of a denominational group is its ability to provide agencies with funds. Very rarely is the national organization a dispenser of funds to agencies. More commonly agencies receive funds via one of two routes, which share a common base: the denominational public. Figure 7 depicts both these routes. The "direct route proceeds from the denominational public directly to agencies without any intermediaries. Each agency does its own fund raising through solicitation from local congregations and individuals in the community. Often, agencies will have an auxiliary group which attempts to raise funds for the agency through special programs.



Pattern 1: Agency self-funded.



Pattern 2: Agencies funded by territorial organization.

Figure 7: Funding Patterns of Sectarian Agencies.

"The indirect route" proceeds from the denominational public to the territorial organization and thence to agencies and other organizations. For example, Jewish federations run annual fund drives in which they solicit contributions from the entire Jewish community in their territory. In the United Methodist Church, territorial organizations (Conferences are so related to their churches that they can impose a parish tax on each congregation, the proceeds of which are budgeted by the Conference. The Catholic Welfare system is atypical because national organizations participate in funding. The United States Catholic Conference established a few years ago the annual Campaign for Human Development. Although as in previous examples, funds are raised at the territorial (diocesan) level, 75 per cent of the funds collected are returned to the national organization for distribution to projects and programs of their choosing; only the remaining 25 per cent is budgeted by the diocesan organizations. (It is significant to note that the national organization empowered to dictate such a policy is not the National Conference of Catholic Charities, but the national ecclesiastical body. To the extent that agencies in the Catholic Church *are* a part of a national authority structure, their tie is to the United States Catholic Conference and not to the National Conference of Catholic Charities. But the USCC, like the Bishops at the territorial level, is generally uninvolved in the work of Catholic agencies.)

The different routes have very different consequences. The "indirect route" has been proved a more efficient, less costly and more lucrative method of fund raising; indeed, in some cases, this was the primary reason for instituting centralized fund raising. Moreover, whereas the direct route allows denominational power to remain diffuse and unorganized, the indirect route provides for the concentration of denominational power and its organized, methodical use by the territorial organization. That is, the concentration of funds in the territorial organization is, in effect, a centralization of power. The concentration of all denominational funds at a single point gives the denomination a voice and an influence which it does not have when power (in the form of funds) remains diffuse. In effect, the indirect route provides for the transfer of an individual's dollar-power to the central organization where, in conjunction with the transferred power of other individuals, it can more successfully be employed.

Denominational influence, therefore, tends to be greatest in those denominations which attempt to concentrate funds in the central territorial bodies. Agencies receiving funds from territorial organizations tend to be attentive to the concerns and pressures emanating from them. Moreover, territorial organizations that allocate substantial funds to agencies are more prone than those that do not to take an active role in shaping agency programs and in monitoring the use agencies make of their funds. For example, although Jewish agencies are formally autonomous organizations, their relationship to their respective territorial organizations, the federations, is often of decisive importance. The former executive director of the Jewish Federation in Chicago, Samuel Goldsmith, described agency autonomy as a "manipulated autonomy."

Agencies depending on funds distributed by territorial organizations must fight for them; they must justify programs and policies, and be prepared to revise their plans in the light of concerns of the funding organization. The organization typically has a variety of pressing commitments and insufficient funds for all of them. In recent years, for example, strong sentiment has been voiced in various denominational groups that the churches misspend money by investing it in agencies, and that a greater proportion of church funds should go to social action activities, to minority groups and other activities. This sentiment has in some cases been mirrored in allocation policies. As noted above, 75 per cent of the funds collected annually in Catholic dioceses is distributed by the United States Catholic Conference to a variety of causes that do not include established Catholic agencies. In the Jewish system, although high-powered fund-raising strategies result in impressive outcomes, in many cases better than 50 per cent of the funds collected by the local federation go to Israel, leaving the remainder to be distributed among health and welfare agencies, community centers, educational programs, and the like (Alan Kandel, personal communication, 1973).

A possible disadvantage associated with the indirect route is that agency interaction with the local church constituency is diminished, since the agency no longer relies on local congregations for funds. As a result, the local community regards itself as increasingly removed from the work of the agency and less and less identified with its purposes. Some have suggested that this problem be avoided by fund-raising procedures involving elements from both the direct and indirect routes; according to one suggestion, local churches should contribute a certain proportion of their funds to the central organization and distribute the rest themselves. This would encourage agencies to continue to [illegible] and discuss their work with local congregations (Planning Church Related Social Welfare, 1972).

Another element in the denominational system: The denominational public. The role of the denominational public has been mentioned in passing. Whereas a nonsectarian or public agency must *create* a public responsive to its needs, the denominational agency need only stimulate an existing "ready-made" public. That is, its status as a sectarian agency has, as one of its benefits, links to the denominational public, which is a potential or actual source of revenue, of board members, of auxiliaries which raise funds for programs, of volunteers, and of clients.

As individuals or as small groups (congregations), the denominational public generally has little influence over agency policies and programs, as compared with the influence of territorial organizations. Agencies are, however, wary of alienating their local denominational communities for fear of losing what support they do receive. Because, however, this support is of diminishing consequence to agencies as they become more heavily dependent on extra-sectarian sources of income, sectarian leaders have voiced concern (Mundt, 1971, p. 19):

> There is a decreasing personal identification of church members and congregations with many of the social service programs. The quasi-public character of many agencies makes it difficult to define the peculiar or unique nature of the Lutheran agency as compared with other public and private agencies.

Denominational communities are often important in another respect. Especially in the past, but to some extent in the present, agencies have tended to interpret their roles in the light of the needs of the denominational community. For example, as the immigrant Jewish communities which they served moved into the middle class, Jewish child care agencies moved away from an interest in dependent-neglected children and toward programs for emotionally disturbed children, a more typical concern of a middle class constituency. Rather than serve dependent-neglected children from the extra-denominational community, Jewish agencies, like their counterparts in many other denominations, reconstrued their role so as to keep pace with the concerns of their communities. Thus, these agencies were, and in some cases still are, defined primarily by their interest in a particular group, and only secondarily, insofar as the group is troubled by them, with particular areas of social welfare. This pattern is revealed in geographical movements as well as in programmatic changes. As communities abandon the inner city for the suburbs, for example, their agencies tend to follow suit.

In response to a variety of pressures, as well as to changing ideologies within the sectarian systems, many sectarian agencies have ceased to define their role in relation to the denominational community alone, and now view themselves as serving the whole community. This has sometimes antagonized their denominational communities, and helps to account for their decreasing identification with agency purposes (Clarence Fischer, personal communication, 1973).

Authority and power within sectarian systems. To summarize: with exceptions, national organizations tend to be relatively uninfluential in determining agency policies. In some cases, however, they attain a measure of control, as a result of agreements with territorial organizations whereby the territorial organization will not allocate funds to agencies that do not meet the standards of the national organization.

Power and influence tend to be concentrated at the territorial level, if anywhere, and are largely a function of two factors: (a) the formal, authoritative relationship between the agency and the territorial organization, often specified in the agency bylaws, and (b) the extent to which the territorial organization supplies the agencies with funds. The most important formal ties between agencies and territorial organizations seem to be those which permit the territorial organization to place individuals on agency boards, from which position they can actively participate in the shaping of agency policy. Although other kinds of formal ties exist and in principle allow the territorial organization some authority over agency policies, such authority is often not exercised. On the other hand, denominational interest and influence does tend to accompany the allocation of funds to agencies. This control is greatest when funds are concentrated in the territorial organization, which thereby has at its disposal the collective power of many individuals and groups. Control is weaker when churches and individuals contribute to agencies directly. Territorial organizations that do not allocate funds to agencies tend to have weaker relationships with agencies than those that do; however, they also may have a degree of influence over agency programs, to the extent that agencies rely on them to encourage local congregations and individuals to support the agencies (Clarence Fischer, personal communication, 1973; Earl Downing, personal communication, 1973).

Discussion of sectarian systems has thus far been limited to a delineation of the lines of influence and authority. It has been observed that in some denominations, formal and informal patterns of control are often absent, that agencies are often autonomous organizations neither formally nor informally responsible to other denominational organizations. Even, however, in the absence of "power relationships" amongst them, there may be important interactions between denominational organizations and agencies. National organizations provide territorial organizations and agencies with a variety of services, including workshops of various kinds, consultation services, an information network (by means of periodic newsletters or journals and the like), as well as with research materials. By providing local agencies with information, the national organization helps them to assess their programs and to recognize trends that will be relevant for future planning. It may also attempt to bring to the attention of agencies materials relating to their area of concern, e.g., child welfare, that derive from other quarters. For example, national denominational organizations often consult with such organizations as the Child Welfare League of America and Family Service Association (McDaniel, c. 1969, p. 114). National organizations also tend to be involved with legislative issues affecting the health and welfare field. Sometimes, they take positions on these issues, and attempt to mobilize territorial organizations and agencies in support of their position. Similarly, they attempt to represent the interests of their systems in the policy-making deliberations of national, public, and private organizations. They have, for example, been represented in the White House Conferences on Child Welfare, as well as in the conventions and committees of such organizations of the Child Welfare League of America. According to McDaniel, c. 1969, p. 147), national denominational welfare organizations have their origin in the need for such representation.

In many Protestant denominations, the national organization is also a standard setting body which urges agencies to meet its certification requirements. For example, the Health and Welfare Certification Council of the United Methodist Church was established in 1964 "in response to a concern that the health and welfare agencies of the church had no enabling procedure through which the achievement and maintenance of professional excellence or Christian quality might be encouraged or acknowledged (Health and Welfare Certification Council of the United Methodist Church, 1973, p. 31)." In most cases, however, failure to meet the national organization's requirements for certification does not affect the agency's membership in the national organization (McDaniel, c. 1969, p. 113). According to Dorothy Mundt, with the exception of agencies that are part of the American Lutheran Church, which has succeeded in tying funding to accreditation, Lutheran agencies are generally unaffected by loss of accreditation by their respective national organizations (personal communication, 1973).

In conclusion, it should be reiterated that many sectarian agencies are tied to national organizations neither by lines of authority nor by funding relationships. What interaction there is between national and local levels is usually voluntary on the part of agencies, which in fact must pay certain membership fees in order to participate in and receive the services of the national organizations. Some agencies do not find the services provided by the national organization sufficiently worthwhile to remain members. Among American Baptist child care agencies, for example, there was widespread resistance to the efforts of the national organization to provide them with a consultant social worker, and the person was forced to withdraw from his newly-created position (Leslie White, personal communication, 1973). The national organizations are painfully aware of their weakness, and feel frustrated in their efforts to guide and improve agency programming (John Hayes, personal communication, 1973).

Extra-sectarian Sources of Influence and Control

Extra-sectarian Legal Constraints

State licensing. Authority over private child care agencies, sectarian and nonsectarian, is not vested exclusively in the agency or in some superordinate private organization. Child care agencies must be licensed by the state in which they exist; as a matter of law, an agency that is refused a license or a renewal of its license may not operate. Consequently, the authority held by the state's licensing agency is of considerable importance. Although the state licensing consultant appointed by the state to help agencies overcome their deficiencies may never say, "Change — or else!" this threat potential is sufficient to guarantee the consultant considerable influence *vis-a-vis* the agencies.

Licensing requirements cover a wide range of concerns, from sanitation and fire safety to staff children ratios and the qualifications for different staff positions in the agency. For example, Michigan's regulations handbook (*Child Caring Agencies and Child Placing Agencies: Requirements for Licensing and Recommended Standards, 1971*), stipulates that the executive director of a child care institution must have (a) a Master's degree in Social Work or in a related field, or in Public Administration, plus two years of experience in an agency or (b) a combination of four years of experience and a bachelor's degree in Social Work or a related field (p. 13). Social work supervisors must have an MSW, and the supervisor of child care staff must have a BA and two years of experience.

With respect to staff child ratios, the handbook states that "the ratio of institutional child care workers directly responsible for a living unit shall be determined by the age and the problems of the children. A minimum of one child care worker shall be on duty for each fifteen children during the hours when the children are present and awake. At least two adults shall be readily available at all times . . .(p. 29)."

Facilities, says the handbook, must be "kept up in an attractive and well-kept manner (p. 20)," and interviewing rooms must be so constructed as to "recognize the confidential nature of the client contact (p. 29)." Furthermore, each child must have his own bed, and children of the opposite sex over five shall not sleep in the same room.

The law also requires that agencies provide for the educational needs of children "in conformity with the requirements of the Department of Education (p. 19)," and that the agency have an ongoing physical health program.

For each child accepted for treatment in an institution, an intake study and case plan must be submitted within thirty days of the child's acceptance. The intake study must include information about the child's physical condition, his previous placement, his attitude and that of his parents regarding placement, and his developmental history. The case plan must include designation of responsibility for work with parents, an expectation which testifies to the increasingly common belief that a problem child is evidence of a problem family. The case plan must also include plans for periodic evaluations, as well as a statement of treatment goals, e.g., length of stay and outcome. Case records must be kept for each child which incorporate both the above mentioned material and information relating to ongoing evaluation, care, and planning (pp. 21-23).

An additional and highly important licensing requirement is that the services of an agency be open to children and their parents regardless of race, color, or national origin.

These expectations are not mere recommendations, they carry the force of law. They enshrine and require conformity with basic and widely shared beliefs relating to the characteristics of a therapeutic environment. They are, however, intended by the state as minimal standards of care, and are often so regarded by private agencies. As Clarence Fischer, an agency director, put it, "if we can do no better than the minimum standards, then we should be out of business (personal communication, 1973)." But although the agency directors interviewed by and large believed that their agencies were of a far higher quality than would be necessary to comply with the law, some could cite cases in which the state licensing personnel had forced changes in their agencies' practices. One agency director pointed to another sectarian agency that was closing because it could not meet licensing requirements; another director said that the state licensing department had successfully pressured his agency to add more professionally trained staff personnel. A worker in another agency described a situation in which the state licensing board temporarily took away the agency's license to place children in response to repeated refusals on the part of the agency to comply with state law. In this case, the agency had a policy of placing a child with his adoptive family immediately following acceptance of the adoptive parents. This policy, which the agency practiced for many years, was in violation of a law requiring the child to be placed in a foster home until the judge had authorized the adoption. The agency got around the law by certifying the adoptive parents as foster parents for the interim period. It did so because it believed it to be in the best interests of the child to enter his permanent family as quickly as possible. When this practice was challenged by the state licensing board, the agency refused to comply in order to publicly indicate its dissatisfaction with the existing law and to arouse a movement to change it. When, however, after repeated warnings, the state licensing board revoked its license to make placements, the agency very quickly gave in and complied with existing regulations.

Ties to school systems. As noted above, licensing laws require agencies to provide for the educational needs of children under care "in conformity with the requirements of the Department of Education." In some cases, boards of education acquire authority over aspects of agency programming via a different route. Many agencies have agreements with boards and departments of education which permit children under care to be educated at public expense. In some cases, agencies use teachers hired and salaried by the public school system to staff their own programs; in other cases, the public school system incorporates the agency's own special education program as a part of the public school system. The advantage to the agency of such arrangments is that it involves great financial savings. On the other hand, it places the agency in a relatively vulnerable position, since a significant part of its programming, its educational arrangements, is not under its own control. Thus, according to the executive director of Chicago's Jewish Children's Bureau, which operates schools that are part of the public school system (Davids, c. 1970, p. 5):

> As a part of the Board of Education, the Schools are subject to its rules and regulations with all of their accompanying assets and liabilities. The Board has the right to remove any of its teachers at any time and to send in any replacements it chooses. Although we have been able to work out special arrangements from time to time, we have not been able to achieve the certainty which this type of program requires.

In the same document, Davids goes on to say (pp. 21-22):

> Our dependence on the vagaries of this large bureaucratic organization created difficulties. A good special education facility needs to be flexible and to be free from "red tape." At times it is difficult to obtain adequately trained personnel because teachers are subject to abrupt transfer, with no appeal possible. Thus, much depends upon the situation within the total public school system, upon the individuals involved and upon the good offices of key administrative people in the district the program cannot be left to depend upon the vicissitudes of the Board of Education. For example, after two and a half months of planning and getting approvals for the admission of a particular child into the school, at the last minute the Board excluded the child. In addition, the development of the transitional classroom program has been stymied because, we are told, there is a lack of funds, or funds were being diverted into other areas.

Thus, although ties to the public school system are money-saving, they are obtained at high, nonfinancial costs. Public control over the institution's educational program interferes with the agency's efforts to develop and maintain a stable, integrated program which reflects its own concerns and treatment goals.

Funding Agents

Organizations and groups not formally tied into the authority structure of a sectarian agency are often in a better position to influence agency policies than are formal authoritative bodies. "Where the money is," as one agency director put it (Earl Downing, personal communication, 1973), is often the most important determinant of agency programs, and this means that funding agents exert a good deal of influence over beneficiary agencies. Three classes of funding agencies can be distinguished, excluding fees for service by individuals, which generally account for a very low percentage of agency budgets: denominational funding agents, other private funding organizations like the United Fund, and public funding bodies. In the previous section, denominational funding agents were described, and it was noted that their command over resources gives them some leverage *vis-a-vis* agencies. In most cases, however, denominational funds constitute a very small percentage of agency budgets, and to this extent, agencies are often more attentive to other funding agents, nonsectarian and public.

United Fund. Many sectarian child care agencies rely heavily on funds raised by United Fund (or United Way) organizations in annual solicitations from the entire community. Some child care agencies receive better than fifty per cent of their operating budgets from such organizations, and are thus very responsive to the pressures emanating from that source.

United Fund organizations attempt to do for all the private welfare efforts in a community what some territorial denominational organizations, e.g., the Jewish Federations, try to do for denominational agencies: namely, they attempt to ensure that the resources of the community are used in the most efficient, most effective way to meet pressing communal needs. That is, United Fund organizations have assumed an important role as planning agencies in addition to being funding agencies.

Both professional and moral concerns enter into the planning activities of United Fund organizations. From a professional viewpoint, they are interested in promoting high quality services. They hire trained professionals to work with agencies, and conduct intensive studies resulting in recommendations to local agencies aimed at improving their operation. For example, in 1968, United Community Services of Detroit engaged the Child Welfare League of America to do a study of all private, child care agencies in its territory. The study issued separate, often highly specific recommendations to each agency. Agencies might be told to increase the quantity and quality of their professional and/or child care staff; to increase special education services and psychiatric time; to make provision for more supervision and on-the-job training; to increase after-care service and the like. The study also recommended that United Community Services itself develop a new organ, a Child Care and Protection Council, which would have the responsibility for supervising implementation of the recommendations made in the study and for making new recommendations when necessary. Consequently, United Community Services established such a Council, and it recently conducted a follow-up study which attempted to ascertain the extent to which agencies had or had not implemented recommendations made in 1968.

In addition to professional concerns, United Fund organizations also reflect the moral and political concerns of the day. They are concerned not only with the quality of services but with their distribution: is the whole community being served by existing organizations, or are certain groups, in particular, those most in need, being neglected? United Fund organizations have sought to ensure that the *whole* community be provided for by the community's welfare organizations. In recent years this concern has translated itself into practice as an emphasis on serving minority groups. Agencies have been encouraged to open their programs to all groups in the community, both in the selection of personnel and of clientele; they have also been urged to promote special programs aimed at minority groups. For example, when United Community Services of Greater Detroit realized that an adoption program for Black children was needed, it requested a local Lutheran agency to sponsor such a program with the promise that United Community Services would support the effort. Implicit in this situation was the belief that "we are all responsible for all of us," that a Lutheran agency as much as any other could reasonably be expected to play a role in providing for non-Lutheran Blacks.

In general, child care agencies, whether sectarian or nonsectarian, are regarded by the United Fund as instruments of the entire community, to be used coordinately in such a way as to maximize the quantity and quality of needed services. To this end, agencies are asked to change their programs substantially in the light of community needs as they are perceived by the funding organization. Is a given agency duplicating the work done by other agencies unnecessarily? Perhaps the agency should cease providing these services or should merge with another agency providing similar or complementary services. Might this agency's resources be better used in serving minority children? Might it not be more beneficial from the community standpoint to provide services to single parents that will enable them to keep their children at home than to devote resources to institutional and foster care programs?

By force of discussion and of the dollar, United Fund organizations encourage agencies to comply with the recommendations that result from such questioning. Very simply put, "Agencies can do only what people are willing to buy (Clarence Fischer, personal communication, 1973)" — and "people" are collectively represented by United Fund organizations. Agencies generally must adapt to the requirements and the priorities established by them. When, according to one agency director, United Community Services declared services to single parents to be the number one priority, superseding adoption, foster care, and institutional care, the agency very quickly found itself developing its services for single parents. He also observed, indicating the dollar-consequences of another United Community Services policy, that if Blacks were excluded from the agency's programs to single parents, the agency would lose some $25,000 a year, even if it were working with the same number of children (Clarence Fischer, personal communication, 1973). In this case, United Community Services, recognizing a need for services to Black, single parents, announced its intentions to buy such services rather than other services; agencies dependent on their funds found that they could no longer support institutional programs and entered into those areas for which money was available.

It was noted above that United Fund organizations have in recent years indicated a reluctance to support institutional child care programs. In part, this is due to the fact that institutional care is very expensive and United Fund sees other ways of more effectively serving the total community, especially in the area of minority welfare. In part it is also due to a widespread anti-institutional ideology. An important feature of the situation, however, is that United Fund organizations are unhappy with the fact that many of the children for whose care they pay are public wards, for whom public agencies are unwilling to pay the necessary fees. United Fund organizations have been called upon to make up the differences between agency expenses per child and the flat rate paid out by the public agency. United Fund has protested this state of affairs, indicating that the private dollar should not have to pay for services in theory purchased by the public sector (United Community Services of Metropolitan Detroit, 1972, p. 6). The unwillingness of United Fund organizations to compensate for inadequate reimbursements provided by public agencies has served to exacerbate an already very tight money situation. Beds are allowed to stay empty, institutional programs are closed down, since, while costs are rising, there has been no proportionate increase in the amount of money coming into agencies.

Public funding agents. In addition to heavy reliance on United Fund organizations, many sectarian agencies receive substantial portions of their income from public departments of social service and other governmental agencies (Coughlin, 1965). Public funds may be received from a number of different public agencies simultaneously. For example, many agencies have different purchase of service agreements with state and county departments of social service. Similarly, they may receive funds from different kinds of state agencies. For example, the Jewish Children's Bureau in Chicago receives funds both from the Illinois Department of Mental Health and from the Illinois Department of Family and Children's services. Thus, in their quest for adequate funding, sectarian agencies may be subject to more than one stream of public influence. Moreover, although in most cases, this money comes through purchase of services agreements, in some cases, agencies have applied for and received public grants.

Mundt's description of Lutheran agencies applies to sectarian agencies generally: "Government is one of the primary sources of funding, either directly or indirectly, of most church-related social welfare programs, giving those agencies a quasi-public character (Mundt, 1971, p. 20)." Mundt and Whiting have documented the growth of this dependence on the public sector among Lutheran child care institutions (Mundt and Whiting, 1970, p. 20):

> In 1959 only five of the 26 institutions reported that 50 per cent or more of their incomes were from public agencies. But by 1969, 14 of the 27 reported that 50 per cent or more of their operating costs were covered by reimbursements for care from these tax funds. In contrast with respect to church funds, in 1959, 12 of the 26 institutions reported that 50 per cent of their operating costs were covered by church support while in 1969, only 3 of the 27 were able to report that over half of their costs were covered by church funds.

This increasing dependence on the public sector is by no means atypical. For example, in 1967, public funds accounted for better than half of the aggregate income of Jewish child care agencies (CJWFW, 1968, p. 8).

Heavy reliance on public funds has given the public sector a great deal of leverage over sectarian and other private agencies. This is true in at least two senses: first, agencies and institutions tend to develop and expand programs for which they expect funding to be available; thus, by earmarking public funds for a certain purpose, and announcing that private agencies will be the conduit for their distribution, the public sector exerts an important pressure on agencies to develop appropriate programs. Secondly, government can force institutional change by attaching certain special requirements to its willingness to siphon money into an agency. For example, by stipulating that federal money cannot be used by agencies which discriminate on the basis of color or creed, the government creates a situation in which beneficiary agencies are likely to eliminate the frowned-upon practice.

A recent case in Iowa demonstrates the way the public sector can use its influence to mold agency policies. According to Dorothy Mundt (Secretary for Social Service Planning in the Division of Mission and Ministry, Lutheran Council, in the USA), Iowa's Lutheran Social Service had a long-standing clause confining its staff to Christians. The Civil Rights Commission brought suit against it, and the court ruled that public agencies could no longer buy care from this agency. As a result, the agency quickly changed its policy in order to requalify for purchase of service contracts with the public sector (personal communication, 1973).

In this, as in many cases, agency dependence on purchase of service agreements with the public sector was decisive. Purchase of service agreements with private agencies are vulnerable in two major respects. Since they involve both referral and reimbursement, policy changes relating to either profoundly affect dependent agencies. In Michigan's Wayne County, for example, the tremendous decrease in recent years in the population of many local child care institutions has been attributed to the practices of public agencies in the area "which have undergone philosophical and organizational changes affecting referral patterns (United Community Services, 1972, p. 2)."

Similarly, the failure of public agencies in Michigan, as in many other states, to reimburse agencies for the full costs of the care they purchase has been disastrous for these agencies; it has been a major factor in the decision of some to terminate their residential treatment programs (Mundt and Whiting, 1970, p. 8). This is not surprising in view of the fact that the differential between the fee paid by public agencies and actual care costs has increased dramatically in recent years. For example, between 1969 and 1973, increases in salaries and the doubling of its staff escalated the per diem cost of care of a Methodist agency from $22 to $40. The county in which the agency was located, however, has refused to match these increases. When, in 1971, the agency was spending $30 per day, the county was only willing to pay $7.53. The differential, which totaled $168,000, resulted in a large agency deficit (David Ball, personal communication, 1973). According to another Detroit area director, the failure of public agencies to pay for the full[5] cost of care which they purchase is "destroying child welfare in Michigan (Clarence Fischer, personal communication, 1973)."[4] This is especially true now that private organizations like the United Fund have indicated their belief that it is wrong to expect the private dollar to support public wards, and that they will refuse to aid and abet public agencies in shirking their responsibility for care, by making up deficits incurred by agencies through purchase of service agreements with public agencies. A consequence of this state of affairs has been the mobilization of the private agencies, which have launched a concerted attack on the policies of public agencies.

In addition to being a referral and funding source, the public sector is also a potential competitor of the private sector. It may, for example, develop its own facilities and programs for the children that come under its care. In such a situation, the private sector is in a very disadvantageous competitive situation, since, as referral agent, the public sector will be able to refer children to its own facilities and programs. In any case, decisions as to whether the public sector will provide direct services to children or make use of private agencies are of decisive importance to sectarian agencies. Thus a recent study by United Community Services of Greater Detroit observed that although there is a need for the development of group homes for children who cannot respond to a foster home, private agencies are reluctant to develop group home programs because they believe that the state may want to do so; private agencies are rendered immobile by their uncertainty as to whether the state wants to purchase more service from private agencies or whether it wants to establish and operate its own programs (United Community Services of Metropolitan Detroit, 1972, p. 5).

In summary, the public sector has a profound impact on sectarian as well as nonsectarian private agencies. The cost of the care rendered by these agencies, especially institutional care, has risen to such heights that the private dollar is less and less able to finance it, and agencies have become increasingly dependent on public agencies to finance their work. By making funds available to agencies for certain kinds of purposes and subject to certain kinds of constraints, as well as by refusing to allocate funds for certain purposes, the public sector shapes the policy of private agencies. In most cases, funds are made available through purchase of service agreements, whereby the public sector both refers children for care and agrees to pay for it; as a result, changes in the referral policies of public agencies of their attitudes towards, for example, institutional care, have a profound impact on private agencies.

Although most of the dealings of agencies are with local, county, and state agencies, their work is strongly influenced by legislation and programs beginning at the national level, in the Congress and in the various subdivisions of the Department of Health, Education and Welfare. An important proportion of the funds paid out to private agencies by state and county organizations originate in the Department of Health, Education, and Welfare.

Denominational organizations, United Fund organizations, and public agencies all have a measure of control over agencies by virtue of their ability to grant and withhold funds. Although denominational organizations and public agencies often have additional methods of control, command over needed financial resources is among the most important. In any case, considered as funding agents alone, the public sector, the United Fund, and denominational organizations have an influence roughly proportionate to their funding capacities, or rather, to agency dependence on them. In practice, this means that over the years the influence of denominational organizations has diminished while that of United Fund and public organizations, and especially the latter, has increased. Generally speaking, that is, denominational funds constitute a relatively small proportion of total agency budgets, and agencies are forced to be increasingly attentive to extra-sectarian organizations which command the greater part of their possible resources (Planning Church Related Social Welfare, 1971, pp. 32-33). When the denominational organization and either the United Fund or a public funding source have conflicting priorities and values, the relative powerlessness of the denominational organizations becomes apparent. Asked what would happen if the District of his church enunciated a policy that conflicted with that of the United Fund organization, an agency director answered, "They (the denominational organization) have no right to dictate policy to us. They don't give us much support (Clarence Fischer, personal communication, 1973)." Although in this case the denomination provided the agency some $100,000 annually, this amount constituted a relatively small percentage of the agency's budget; in determining its programs, the agency could not afford to disregard its more prosperous funding sources. In any case, from his point of view, a point of view that is by no means atypical, influence over agency policy by organizations external to the agency is roughly proportionate to the ability and willingness of these organizations to provide the agency with funds. In the struggle to get funds, denominational organizations are regarded in much the same way as other potential funding sources. An agency's first instinct is to survive, and to survive, funds are necessary. Agencies tend to gravitate towards policies and programs that will assure them of a viable financial existence.

Nonfunding Sources of Influence

Child Welfare League. In addition to funding organizations, there are other kinds of organizations and groups capable of influencing agency programming. Important among these are accreditation organizations, of which the most significant in the child welfare field is the Child Welfare League of America. It is generally considered to be a mark of excellence to be accredited by the Child Welfare League, and agencies that qualify for accreditation gain prestige in the eyes of professionals, the public, and funding organizations. The Child Welfare League offers the child welfare equivalent of the Good Housekeeping Seal of Approval, and, as such, assures the agency a respectable reputation.

> League accreditation assures an agency of recognition and respect both in its community and throughout the social welfare field.
>
> Through accreditation, an agency affirms its good standards. The independent evaluation by a national standard-setting organization assures board members that the agency for which they are responsible is functioning in accordance with approved standards. Staff members value their professional association with an agency known to have received League accreditation.
>
> To the community, accreditation means that an agency is effectively providing needed services, that its obligations are being met successfully, that the citizen's dollar is being spent wisely (CWLA, 1967, p. 7).

To the extent that League accreditation is advantageous to an agency, the League's ability to confer, withhold, or withdraw accreditation gives it a measure of influence over agency programming. In order to qualify for accreditation, agencies must meet standards established by the League, standards relating to both professional and moral practice. Agencies that apply for accreditation are studied by the League which then issues recommendations which agencies must meet in order to be accredited; a subsequent study ascertaining whether the recommendations have been implemented is the basis for the accreditation decision. Agencies that are accredited must be reaccredited at periodic intervals. By these means, the League is able to exercise influence over agency policies, but again it should be noted that the value to an agency of League accreditation depends on what it means to the various publics and organizations on which it depends.

Pressure groups. In addition to funding and accreditation organizations, a variety of pressure groups may effectively influence agency priorities and policies. For example, a subgroup of the local denominational community may mobilize itself in support of or in opposition to a new agency program. Such a group, feeling that its financial support of the agency entitles it to a voice in agency policy, may have special access to agency board members. Moreover, it may be capable of generating very bad publicity for the agency within the denominational community: publicity indicating its unresponsiveness to the group it purports to represent could result in the loss of an interested public providing funds, volunteers, and voluntary "advertising" on behalf of the agency. Recently this kind of a strategy succeeded in shaming a denominational community into providing needed services. It was observed by some that the Jewish poor in Chicago largely went unnoticed by the local Federation of Jewish Philanthropies, which purported to serve the entire Jewish community. The Federation's unresponsiveness to the plight of these poor people led a small group of individuals to themselves provide for the needs of their poorer brethren by opening up a "free store" for the poor to which members of the community were asked to bring goods. The venture received a great deal of publicity, and the Federation soon assumed responsibility for the needs of these people.

Just as the denominational community feels entitled to make demands of denominational agencies because it contributes to their support, contributors to the United Fund may also take a proprietary interest in sectarian agencies that their funds support. Groups that believe themselves excluded from existing services, or whose needs cannot adequately be met by them in any case, may attempt to pressure the United Fund to fulfill its declared mandate to serve the *whole* community. Such pressure may eventually filter down to sectarian agencies in the form of demands that agencies initiate programs aimed at the neglected groups of the community, and that such groups be represented on agency boards and staff.

Community pressure groups do not, of course, always ground their claim to service on the fact that they contribute to the financial support of the agency; nor do extra-denominational pressure groups always make their demands through the United Fund intermediary. In recent years, minority groups have publicly confronted various elements in sectarian systems with a charge of moral bankruptcy. Demands are based on moral claims. A militant minority group organization may publicly and dramatically storm a meeting of a denominational organization, denouncing its racism, past and present, with television cameras there to bring the confrontation into everyone's home. One of the reasons that such strategies have often proved effective is that the "establishment" (and sectarian welfare systems are very definitely a part of the "establishment") has generally acknowledged that it has been neglectful of large segments of the population and that this neglect constitutes a moral failing. The assaulted system or agency is reluctant to turn a deaf ear to its attackers, since in the present situation this would be considered by many as confirmation of the charges levelled against it. That is to say, the prior, sometimes tacit, sometimes explicit, acknowledgement of guilt commits the establishment to respond to criticism, or suffer notorious publicity for its "hypocrisy." Charges of hypocrisy are most likely to be aimed at sectarian organizations, which are, in theory, based on the highest ideals of the Judeo-Christian tradition.

In this kind of situation, as in many other, "bad publicity" results from the apparent inconsistency between an agency's or a system's purported ideals and policies and its actual practice. If the protesting group can win the attention and sympathy of the press, television, and radio, the assaulted organization may effectively be shamed into changes of policy.

Although bad publicity is important, the implied threat that often lurks behind minority group indictments of the establishment is that the failure to reform its operation could have disastrous consequences on the order of riots, interracial violence and the like. Indeed, it is probably the stimulation of fear and guilt in its victims that makes militant groups as effective as they have been in having their demands met by various establishment organizations, sectarian as well as nonsectarian.

The influence of such pressure groups is evidenced in the payment by a national church organization of a very large sum of money in the form of "reparations" to a militant Black organization. It is also evidenced in the recent policy of the United States Catholic Conferency directing dioceses to return 75 per cent of their annual fund drives to the USCC. This money is used to launch new projects for the modern poor and oppressed. According to a former staff member of the National Conference of Catholic Charities, this policy was related both to sincere concern among the liberals in the Church, and also to the fact that a militant Indian group stormed national level Catholic meetings, and in full view of the public, presented an indictment and a list of demands. It should be noted that decisions such as these draw away important resources which otherwise might go to local welfare agencies. Thus, even when pressure groups are not directly attacking agencies, their attacks on other bodies often have indirect consequences for the agencies.

Social work profession. The professionals that by and large control agency programs bring with them from professional schools specific ideologies regarding human need and its treatment, and these views, requisite for legitimization as professionals, tend to have a definitive influence on agency programming. One agency director who opposed psychiatric models of treatment and wished his psychiatric case workers to work with children in a variety of their life contexts testified to the tremendous resistance he met. It is also noteworthy that in many sectarian agencies, the staff is unionized, and make demands on agencies regarding hours, salary, working conditions, and the like (Jewish Children's Bureau of Chicago, Re-Accreditation Study for Child Welfare League, 1970)

Sectarian Agencies as Sources of Influence

Sectarian agencies have thus far been considered as objects of power and authority. Their situation renders them sensitive to a wide range of pressures issuing from the denominational system (religious sector), from various other private groups (private sector) and from public organizations (public sector). Figure 8 illustrates the way in which these pressures impinge on the agency. Agencies have certain needs; they fear the adoption by other organizations of certain policies and are eager for adoption of others. They are therefore actively involved in attempting to protect and promote their own interests.

Some of the same organizations that exercise power over sectarian agencies also exercise power on their behalf. National and territorial denominational organizations, United Fund organizations, and the Child Welfare League of America all engage in efforts to promote the interests, as they see them, of the agencies that are related to them. It is noteworthy that advocates for the agencies are sometimes at cross purposes. for example, while United Fund organizations have supported the demand of private agencies that the public sector pay the full cost of care that it purchases, the Interfaith Committee on Social Welfare, regarding itself as a spokesman for the independence and autonomy of sectarian agencies, protests these same efforts by the United Fund. In the committee's view, increasing dependence on the public sector renders the sectarian agency increasingly beholden to public controls, and less and less able to determine its own career. Thus, the various voices that speak for agencies and attempt to represent their interests sometimes have conflicting views of what these interests are.

In addition to being represented by various organizations, agencies sometimes unite with

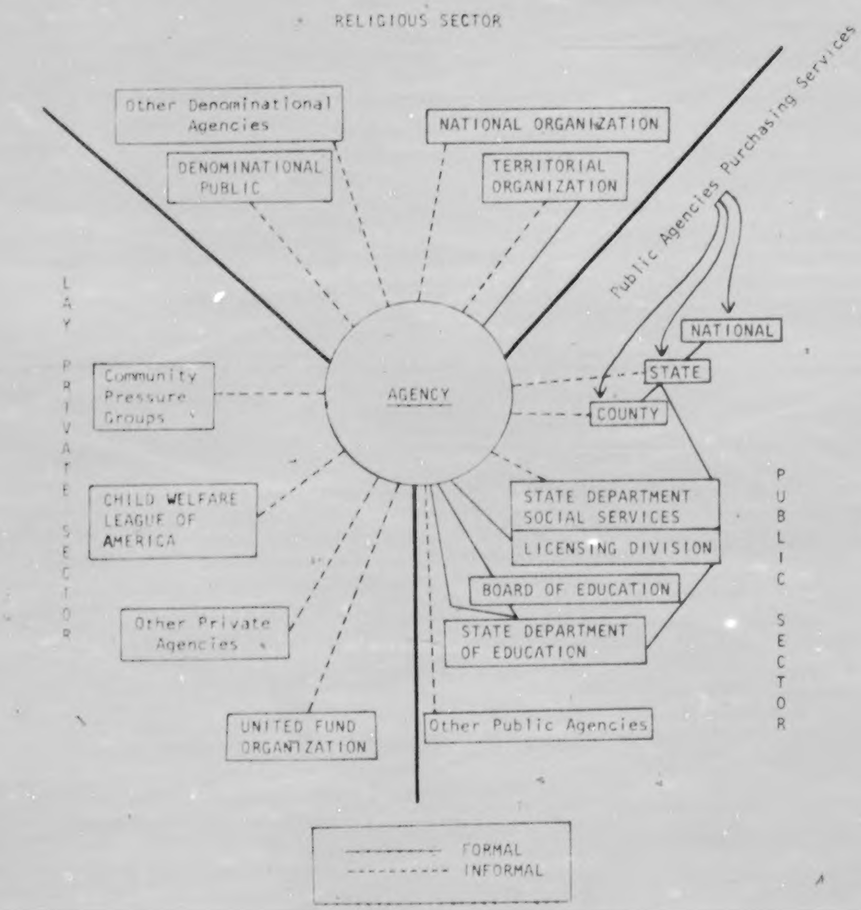


Figure 8: Influences Converging on Agencies

other agencies facing similar problems in order to work more effectively toward their solution through the application of collective pressure. Thus, in Michigan, the Federation of Private Children's Agencies has lobbied with legislators and other office holders at the state and county levels for an increase in the purchase of care rates paid out by public agencies.

Similarly, in New York, sectarian child care agencies participate in the Council of Voluntary Child Care Agencies. According to Bernard (unpublished manuscript, p. 161), "Through the Council, the united voice of the private sector is being raised to influence public policy both at administrative and legislative levels." The Council's work has led to a citywide information bureau, providing information on all children needing placement and on available vacancies, and has also been instrumental in promoting new adoption legislation.

Individual agencies themselves are sometimes in a position to exercise influence over the policies and decisions of organizations they depend upon. Often, one of the criteria for board membership is potential influence with people in power, e.g., in government or in private organizations like the United Fund. Thus, the fact that the board member of one Detroit area child care agency was an area campaign manager for the governor eventuated in the agency director being allowed a private audience with the governor to discuss the problems child care agencies were having with the state on the purchase of care issue. The agency director believes that this interview with the governor was of critical importance to a victory recently won by child care agencies.

In a similar vein, agency directors often come to value participation on various kinds of committees relating to their field, since this offers an opportunity to develop relationships with individuals in positions to affect the agency. Such contacts give the agency director the opportunity to influence the opinions of those in power, and provide him with important information to which he otherwise would not have access. For example, according to one Detroit area agency director, through participation on a United Fund Committee he discovered that there would soon be money available for specialized group homes. This knowledge has led the agency to develop a new group home program which meets United Fund specifications.

Intersystem Interaction

Interactions of Denominational Systems

Denominational systems may interact with one another at various levels, and there exist organizations which testify to ongoing patterns of such interactions. For example, the Lutheran Council in the United States of America is an inter-Lutheran organization which encourages communication, coordination, and sometimes joint action among its member religious bodies. LCUSA's Division of Mission and Ministry has a full-time staff concerned with the work of Lutheran agencies. Through its publications, the Division of Mission and Ministry has facilitated the exchange of information among Lutheran agencies. It has provided opportunities for Lutheran agencies from the three major Lutheran groups to discuss their problems together, to coordinate their activities, and, in some instances, to merge. It has also formulated a set of standards acceptable to all three Lutheran churches as a common basis for accreditation. LCUSA, however, is only an advisory body, with no formal authority over the church bodies that participate in it. As is generally true of interdenominational organizations, its influence is very limited.

Like LCUSA, the National Council of Churches is an interdenominational organization operating at the national level; it differs from LCUSA in being broader in scope, purporting to represent all but a few Protestant denominations in this country. The Council's Committee on Social Welfare is involved in social action and in the promotion of welfare reform, as well as in the formulation of policy statements relating to the churches' role in social welfare. The conferences which it sponsors bring together welfare representatives from a wide variety of Protestant sects (Bachmann, 1955 and 1956; Cayton and Nishi, 1955). The National Council of Churches thus provides opportunities for Protestant denominations to explore together their common problems and concerns in the area of human welfare. However, its policies are binding only on its own social welfare department (McDaniel, 1969, p. 114). It is considered by Protestants to be a very "liberal" organization — for many too liberal, and some dissociate themselves from its pronouncements (David Ball, personal communication, 1973).

A significant interdenominational organization which is ecumenical in spirit is the Interfaith Committee on Social Welfare, with representatives from Jewish, Catholic, and Protestant welfare organizations.

> This is a group which meets regularly to discuss social policy and plan joint action wherever it is appropriate on a legislative level. Communications are sent to local member agencies to achieve the purpose on other levels of society (McDaniel, c. 1969, p. 128).

The interfaith committee, which has met for better than ten years (McDaniel, c. 1969, p. 128, recently issued an important statement protesting the policies of United Fund organizations *vis-a-vis* sectarian agencies (Interfaith Consultation on Social Welfare, 1972).

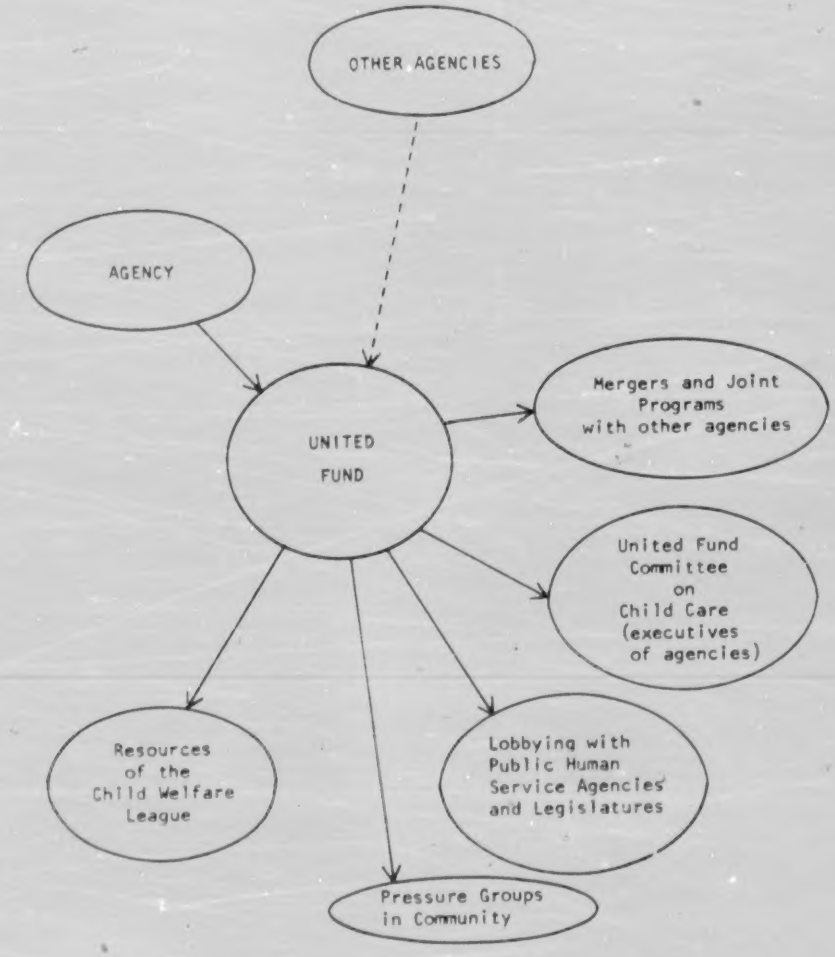

OTHER AGENCIES
AGENCY
UNITED FUND
Mergers and Joint Programs with other agencies
United Fund Committee on Child Care (executives of agencies)
Lobbying with Public Human Service Agencies and Legislatures
Resources of the Child Welfare League
Pressure Groups in Community

Figure 9. Mediated interactions--United Fund example.

At the local level, agencies sometimes have reciprocal agreements whereby the refer clients of a different denomination to an appropriate denominational agency (McDaniel, c. 1969, p. 129). In a very different spirit, many sectarian agencies are comfortable enough about each other's purposes as to have no qualms about referring a client of one religion to an agency sponsored by another, if this agency is best equipped to serve his needs as determined from a clinical point of view. In recent years, moreover, there have been few mergers across denominational lines (McDaniel, c. 1969, p. 153); but although often discussed, this is still uncommon. There are, however, numerous examples of agencies jointly sponsoring new programs of different kinds (McDaniel, c. 1969, pp. 140-144). For example, a day care center in Detroit, sponsored by the local Catholic Social Services, is housed in an Episcopal Church (Canon Logan, personal communication, 1973). In a similar vein, the Rapid City, South Dakota Diocese of the Catholic Church is helping to support the local Lutheran Social Services agency to the tune of $8,000 a year. The same agency also receives support from the South Dakota Conference of the Methodist Church (Mundt, 1971, pp. 50-51).

Although agencies of different denominations interact in these ways, they do not approach the larger social problems of their community as a 'sectarian sector' as do their national counterparts: according to McDaniel (1969, p. 151), "The local agencies tend to work through their community councils to solve these larger problems. There is no evidence that they are uniting as a religious sector to solve these social problems within the structure of the sectarian agency." National sectarian organizations, on the other hand, "are making a concerted effort to solve the broad social problems by determining priorities, deciding together as to their agreements and disagreements and taking appropriate action (p. 151)." McDaniel's overall conclusion is that the different sectarian systems at national and local levels work together to solve "broad social problems such as racial discrimination, poverty, unwed parenthood, delinquency, family breakdown, etc. (p. 127)."

Interactions Between Sectarian and Nonsectarian Private Organizations

Sectarian systems are deeply embedded in the private sector; their relationships to other private organizations are both ongoing and important. The Child Welfare League of America and United Fund organizations are among the most important nonsectarian private organizations with which sectarian organizations have continuing relationships. A brief description of their varied interactions with United Fund organizations will underscore this point.

United Fund organizations do not regard themselves as funding organizations alone, but also as Community Planning agencies: they see it as their job to ensure that agencies provide high quality service and complement each other's work in such a way that all of the community's most pressing needs are met. To this end, United Fund organizations promote direct contacts between agencies. In some cases, concern for efficiency has led them to encourage joint programming among agencies, as well as mergers, sometimes amongst sectarian agencies of different denominations.

Typical ongoing interactions between United Fund organizations and agencies include a) submission of records relating to agency practices and budgets to the United Fund organization, as well as budgetary requests; b) consultation by a member of the United Fund organization, designed to appraise and, in some cases, make recommendations relating to agency practices, c) the allocation of funds by the United Fund organization to the agency; d) participation by a staff member of the agency on the United Fund committee relating to child care.

Sectarian agencies are related to the United Fund organizations in two ways: as a 'sectarian sector,' national sectarian organizations view United Fund organizations as external funders, and seek to influence the kinds of policies adopted by them in determining their allocations. On the other hand, sectarian agencies also depend on the United Fund organizations to work in their behalf, e.g., for an increase in the purchase of service rates of public agencies. That is, the United Fund organization is a force with which agencies must contend in planning their programs, but it also works for them against other welfare giants, notably the public sector. When the United Fund lobbies for changes in purchase of service rates, it represents the sectarian agency.

In addition to carrying on a variety of interactions with agencies, the United Fund brings them into contact with a variety of other organizations. Figure 9 demonstrates the way in which the United Fund serves to mediate interactions between these organizations. A similar figure could be drawn describing the role of other groups (e.g., a State Department of Social Services, a Child Welfare League Committee, etc.) in bringing about interaction between welfare related agencies.

Local level. Agencies in different communities rarely perceive themselves along sectarian/nonsectarian lines. More commonly, agencies will have important relationships and identity with other agencies performing similar functions. That is, agency function rather than agency auspices

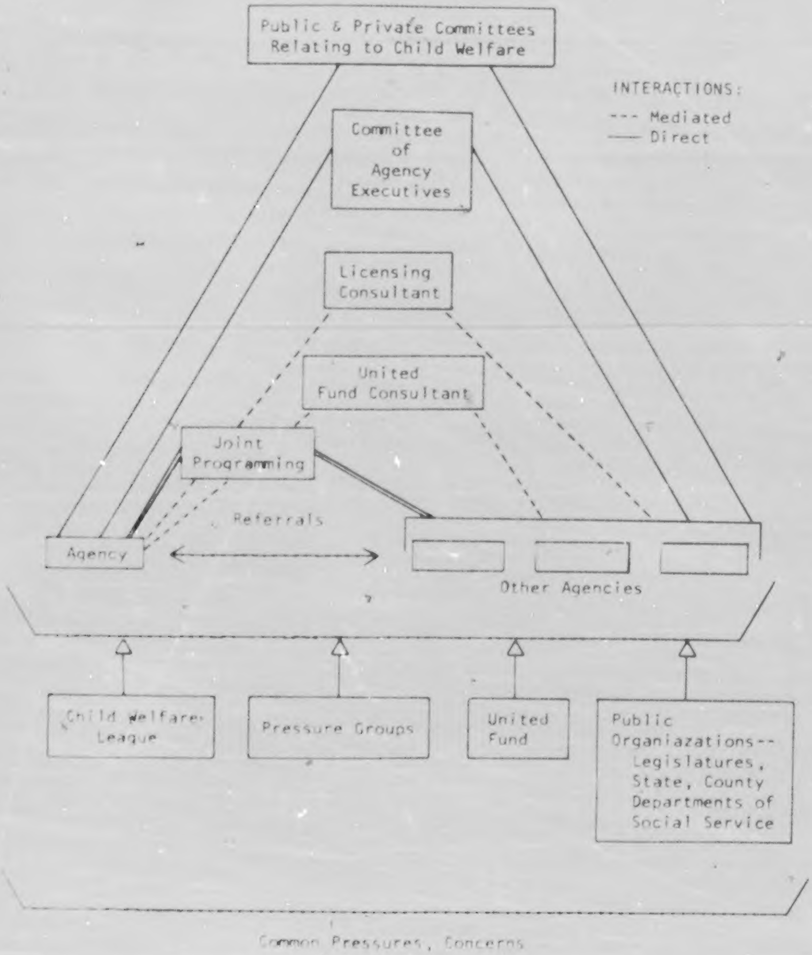

Public & Private Committees Relating to Child Welfare
INTERACTIONS:
--- Mediated
—— Direct
Committee of Agency Executives
Licensing Consultant
United Fund Consultant
Joint Programming
Referrals
Agency
Other Agencies
Child Welfare League
Pressure Groups
United Fund
Public Organiazations-- Legislatures, State, County Departments of Social Service
Common Pressures, Concerns

Figure [illegible] Patterns of Interactions between Local Agencies.

is often the more important determinant of an agency's relationship to other agencies in the community. Sectarian agencies will often make or receive referrals from other agencies in the community, both sectarian and nonsectarian. If an agency (sectarian or nonsectarian) believes that another agency (sectarian of nonsectarian) is better equipped to deal with the needs of a particular

Moreover, agencies (whether sectarian or non-sectarian) are generally interested in the operation of other agencies as a way of learning from the successes and failures of others. Directors of child care agencies in a given community are liable to have relationships with the same State Licensing consultant and the same United Fund consultant; they may also find themselves on the same committees. Thus, a flow of information between them is generally assured.

Most importantly, agencies performing similar kinds of services are often faced with identical problems, especially since the policies of funding groups, public and private, are often aimed at all agencies performing a certain function. These agencies may therefore, formally or informally, unite in order to represent their collective interests to other bodies. For example, in Michigan, the Federation of Private Children's Agencies has been established in recent years as a forum for discussion among the executives of child care agencies in the area and also for the purpose of protesting purchase of care rates established by state and county departments of welfare.

Thus, as is demonstrated in Figure 10, their common interest in child welfare, their practical need for professional cooperation in day to day activity, and their need to influence other bodies, create a significant and varied pattern of interactions at the agency level.

Interaction with the public sector. Sectarian agencies, like most private child care agencies, have deep-rooted relationships with public agencies. Three major features of this relationship have to do with referrals, funding, and licensing. Many agencies receive better than half of their referrals from public agencies, including the courts, state (and county) departments of social services, schools, and sometimes police departments. In many cases, the children referred are public wards, and the public agencies actually purchase care from private agencies, in the same way that the government might buy certain services from airplane manufacturers. Purchase-of-care arrangements often account for a substantial proportion of agency budgets, although as noted elsewhere agencies complain that reimbursement rates are inadequate. In addition to heavy dependence on the public sector for referrals and funding, sectarian agencies are legally responsible to the Licensing Division of each state Department of Social Service. This means that agencies are regularly in contact with the consultant from this division, who will at intervals visit agencies and make recommendations regarding agency programs. Licensing requirements often also include rules regulating agency record-keeping and the transmission of such records to the Licensing Division.

Interactions with the public sector are of profound importance to the life of an agency; its legal right to existence, and a substantial proportion of its clients and its financial resources, have their source in public bodies. For this reason, agencies often seek representation on public committees relating to child welfare; they also establish a variety of informal contacts with public officials in a position to influence agency policies. Such contacts may be established by agency directors but also by agency board members, who may be chosen with an eye toward their potential influence in dealings with the public sector. Although agencies may attempt to negotiate their interests with the public sector directly, they will sometimes do so through other organizations, such as, in Michigan, the Federation of Private Children's Agencies and the United Fund Organization.

At the national level, interactions with the public sector are also common, and sometimes institutionalized. National denominational organizations often maintain relationships with public bodies, and lobby on behalf of public policies that they believe important. Similarly, the Interfaith Consultation on Social Welfare generally invites, and has in attendance at its meetings, a representative of the Department of Health, Education, and Welfare (McDaniel, c. 1969, p. 128). Other organizations to which sectarian agencies are related, like the Child Welfare League of America and Family Service Association, also maintain close relationships with appropriate government agencies and with legislators to ensure that the interests of children are not overlooked or neglected in the formulation of public policy.

Interdependence of systems. To sum up, sectarian agencies, even when they are tied to denominational organizations, are not subject to them alone. They are part of the private sector and, as such, are subject to all the pressures, influences and constraints to which nonsectarian agencies are subject. Their sectarian status does not render them immune to these kinds of concerns; on the contrary, it only means that they must deal with a whole range of concerns and organizations in addition to those which they share with nonsectarian agencies. The point has been put very well by the Secretary of the Division of Mission and Ministry of the Lutheran Council in the United States of America:

> The church is not the sole 'system' in which social service agencies are rooted. They also have roots in other social systems: governmental, professional, accrediting. The larger and more highly organized they become, the deeper their roots must be in social systems other than the church. They are not an integral part of the corporate structure of the church but are independently organized units related to but separate from the corporate structure. This means that the corporate structure of the church cannot fully control the agency but must share control with these other systems (Mundt 1971, p. 26).

Although Mundt is discussing the situation of Lutheran agencies, her point applies to sectarian agencies generally. Sectarian agencies have roots in several 'systems,' and may be viewed as points at which these various systems converge, either in conflict or in mutual support. In many cases, it is a moot point whether the agency is primarily rooted in the sectarian system or another system. In either case, the situation of contemporary sectarian child care agencies cannot be understood unless their relationships to extra-sectarian systems, as well as to sectarian systems, is understood.

Analysis in these terms reveals an important gap between the ideology and real situations of sectarian agencies. Their ideology holds that sectarian agencies are organizational "free spirits," unencumbered by the complex bureaucratic structures that constrict public agencies, and therefore able to experiment freely with new forms of treatment and to adapt to change spontaneously and quickly. In practice, this freedom of the sectarian agency, and more generally, of the private agency, is something less than its adherents sometimes suggest, since the sectarian agency is deeply and inextricably embedded in a complex welfare structure that includes public and private welfare structures. In actual fact, it is the concept of interdependence, rather than that of independence, which best characterizes the relationship of the sectarian agency to these other welfare systems. Thus, in the larger sense, sectarian agencies are integral parts of a massive *de facto* system that includes public and nonsectarian orgainzations; they not only interact with the system, they are continuous with it.

III. IDEOLOGY

Issues relating to the role (actual and ideal) of sectarian agencies are shrouded with ambiguity. There is, in the first place, tremendous variation in what sectarian social agencies do; even within the same denomination, agencies offer vastly different programs, inspired by very different kinds of concerns. Second, in addition to empirical diversity, sectarian welfare leaders as well as other interested parties continue to debate the still unresolved question: what *should* sectarian agencies, as distinct from public and nonsectarian agencies, be doing? What ought their distinctive role to be? How can they justify their continued existence in a society in which the government has assumed direct responsibilities in the areas with which sectarian agencies are concerned? Within any given denomination, there is likely to be variation of opinion on such issues within and between national, territorial, and local levels. Thus, to discuss the ideology of sectarian agencies or of the systems which they constitute is to outline a problem rather than to solve it.

The enormity of the problem is suggested by Reid (1971, pp. 1161-1162), who indicates the tremendous gaps in understandings among parties tied to even a single agency:

> For example, in one study it was found that board members viewed the primary purpose of a Jewish community center as helping Jews 'to feel they belong to and are informed members of the Jewish community.' Staff members of the center, perhaps predictably, ranked this purpose second to development of 'personality, character, and self-esteem of the individual;' recipients ranked it third, as being less important than social and athletic functions; members of the community placed this purpose last in order of importance. Such discrepancies in perception obviously add a measure of noise to communication within the sectarian system and a measure of complexity to an assessment of an agency's sectarian purposes.

The fact that ideological declarations are often a function of the audience addressed also contributes to the ambiguity of an agency's conception of itself. There are various ways of conceptualizing what an agency does; an agency seeking support from a local church group might well choose to explain itself differently from the way it presents itself to the local United Fund group. More than one agency director has indicated that his board of directors or the local denomination community would be very uncomfortable if it became aware of the kinds of problems clients bring with them. Some agencies do not publicize certain of their programs for fear of alienating either potential clients or important agency supporters (John Hayes, personal communication, 1973; Clarence Fischer, personal communication, 1973).

The point of these remarks is to indicate the very tentative character of the generalizations about to be presented. These generalizations serve primarily as hypotheses or probability statements in the light of which particular viewpoints can be understood.

The View from the Outside

Sectarian agencies acquired their social identities during an earlier era of heightened visibility, a period in which they constituted a much larger proportion of the national caring effort then they do today. Even when an agency has changed appreciably since that period, those not directly involved in its activities often continue to interpret its role in the light of older realities. Commonly, sectarian agencies are viewed as parochial enterprises, staffed by members of the sponsoring denomination and serving the needs of members of this same group. In some denominations, there may be a belief that a religious spirit infuses the enterprise of care-giving, and that the techniques and values implicit in it are drawn from the religious tradition of the sponsoring denomination (Earl Downing, personal communication, 1973).

In the area of child care, agencies providing institutional care are often faced with the problem of convincing the public that their work is not confined to the maintenance of orphanages and adoption services a belief that persists from an earlier period in which these activities were paramount. The director of a Methodist agency, whose institutional program is for disturbed children, complained that the local community still viewed the agency as serving orphaned and dependent-neglected children:

> They think of us still as having a nice chapel; and the nice kiddies dress up in their white frocks and their white shirts on Sunday, and they troop in to hear the word of God. The image is there (David Ball, personal communication, 1973).

Thus, the residues of earlier periods, residues that have been idealized in the media ('Going My Way'), continue to have an important influence on the way the agency is viewed, irrespective of its actual program.

Particular groups and organizations have other views of sectarian agencies. Minority groups have in recent years vehemently expressed the belief that the churches and their offspring in the welfare field are racist, and that they have no abiding interest in the problems of poverty in this country. Asked how his agency was viewed by the public, the director of a Lutheran agency, Clarence Fischer, responded, "To Blacks it's a place to stay away from." Such feelings, in his view, run very strong, so strong that when the agency complied with the request of the local community planning organization to organize an adoptive program for Black children, the program was not publicly identified with the Lutheran agency for fear that Blacks would stay away from it (Clarence Fischer, Lutheran Children's Friend, personal communication, 1973).

Extra-sectarian organizations in the welfare field also hold points of view on sectarian agencies. Rebecca Smith, Director of Information Services for the Child Welfare League of America, recently wrote an article, entitled "The Role of the Church-Related Agency Today (Smith, 1966)." Among the responsibilities that she ascribed to the sectarian agency were:

1. the recruitment of persons to the child welfare field, since "the very nature of its constituency suggests that there is a good chance of finding appropriately motivated persons to be social workers, child care staff, or volunteers (p. 386);"

2. "To increase the social welfare consciousness of the church. . . . The social agency sees human suffering and witnesses the paradoxes of affluence and poverty, but it cannot solve these problems alone. It carries the responsibility to identify the issues, to inform its constituency of them, and in essence to be the spokesman for those who are too hurt, sad, or dejected to speak for themselves (p. 386)."

3. In the light of this knowledge, the church-related agency should endorse sound legislation in the area of its concern (p. 386).

In addition, Smith stresses the importance of providing excellent professional services, noting that this is a religious imperative and that poor service "is a poor 'advertisement' for the church's declaration of concern (p. 385)." An additional stress in Smith's statement is on cooperation and communication with other community bodies.

The View from Inside

The Role of Sectarian Agencies

Some welfare leaders view the role of sectarian agencies as to draw on the human, moral, and intellectual resources of the sponsoring denomination to serve the needs of the denominational community in a manner that is consonant with and supportive of its identity as a community. The sectarian agency is thus said to offer a qualitative alternative to public and nonsectarian programs, which, in tailoring services to the needs of everyone, cannot be properly responsive to the distinctive needs of the diverse individuals whom they serve. Spokesmen for this viewpoint urge the importance of allowing particularistic communities of different kinds to serve their members as they see fit, and not as would some 'outside professional' with no deep, personal knowledge of the client's community.

This argument is closely akin to the arguments for 'community control' that have been heard in the last ten years. This position was for many years the standard position of the Catholic welfare system (Gallagher, 1960, pp. 137-138), although in recent years it has been sharply qualified in the light of new ideological concerns and of actual agency practices (See for example, National Conference of Catholic Charities Study Cadre, 1972). But this viewpoint is still very much alive in some quarters, finding expression in a recent protest against the policies of United Fund organizations on the part of the National Council of Churches, the National Conference of Catholic Charities, and the Council of Jewish Federations and Welfare Funds (Interfaith Consultation on Social Welfare, 1972).

Treatment Ideologies

A feature of the view that sectarian agencies should serve the needs of their respective sectarian communities that has been widely rejected, even by those who accept this general position, is that agency programs are or should be 'religious' in character in one sense or another. In fact, sectarian welfare leaders usually draw a very sharp distinction between the auspices of their agencies and the services that they offer. The 'help' given to clients has no distinctive religious content; prayer, faith in God, and the like play no central role in the enterprise; nor are treatment plans formulated with an eye toward encouraging clients to realize the religious ideals of the sponsoring denomination. On the contrary, religious considerations are generally viewed as irrelevant to the work agencies do with their clients. The problems that clients bring and the services rendered to them are construed in the idiom of the secular treatment ideologies transmitted in the professional schools and operative in nonsectarian agencies. Sectarian agencies pride themselves on their professionalism and expertise and judge their work against the work done by nonsectarian and public agencies working in similar areas. The general point regarding the distinction between 'agency auspices' and 'agency services' was aptly stated by a Detroit area agency director in a recent discussion. As he put it, surgery in a Lutheran hospital is the same piece of work as is done in a public hospital; similarly, the sponsorship of an agency dealing with emotionally disturbed children has no bearing on the kinds of services provided (David Ball, Methodist Children's Home Society of Michigan, personal communication, 1973). (This same director observed, however, that some of his board members are troubled by the fact that agency programs have nothing to distinguish them from the programs operating in nonsectarian agencies or those sponsored by other denominations.)

Thus, the services rendered to children in sectarian agencies tend to be neither more nor less religious than services provided by other agencies. Examination of sectarian child care agencies working with emotionally disturbed children reveals the same kinds of treatment ideologies as are found in nonsectarian agencies; there are, for example, adherents to the behaviorist tradition and to the psychoanalytic tradition, and there are those that draw eclectically from a variety of treatments rejecting as narrow-minded the view that all problems and needs must be conceptualized and dealt with in the terms set forth in any single tradition. If agency directors or personnel are sometimes critical of the treatment traditions into which they have been inducted in the course of their professional schooling, this is not because religious concerns and customs are alien to these traditions; more likely, it is because the patterns of care associated with these traditions do not prove helpful in dealing with their clients. Thus, the director of an agency that serves emotionally disturbed children and who was trained in a psychoanalytically oriented program, has steadily pushed his agency away from a rigid psychoanalytic approach. According to him, "Many of these kids can't be touched by the psychoanalytic stuff; they are not 'buttoned up' neurotics or over-inhibited; they are impulsive and unaware of the impact they have on other people — except that they fear the consequences of getting caught. They are not children who have interiorized the wrong things; they haven't interiorized enough." The agency consequently has increasingly diverged from psychoanalytic approaches to children (David Ball, Methodist Children's Home Society of Michigan, personal communication, 1973).

Implicit in this agency director's view is a belief that is widely shared among sectarian agency directors and personnel: children have different needs,' and treatment programs should be sufficiently differentiated to meet them; the same approach, the same treatment setting, is not equally beneficial to all children. Many in the sectarian sectors would be in substantial agreement with the position advanced by the executive director of the Jewish Children's Bureau in Chicago (Davids, c 1970, pp. 11-12).

> Until the mid 1950's, child welfare agencies used placement, milieu treatment, and one-to-one psychotherapy as their treatment methods almost exclusively. This agency was no exception. It is only recently that we have moved to add family and group treatment to our therapeutic methods. By doing so we are becoming increasingly flexible and should become better able to help our client population.
>
> In developing treatment modes for this agency, it is essential to realize that we serve a variety of people. Our clients are not only children without families to care for them, they are also parents and children learning to live with each other, parents and children learning to live separately, and prospective biological parents unable to be actual parents. Given this diversity and the variety of the situations in which clients find themselves, no one treatment method can best help JCB parents and children deal with the internal and external difficulties they experience. For the occasional JCB child a foster home placement alone is the treatment of choice. For many others, placement and one-to-one psychotherapy seem to offer the most hope for growth to an independent young adulthood. For still another group, a short term placement and family treatment for the children, the parents and their siblings are the most effective means for reconstituting a viable family group. Other children and other parents may profit most from group treatment, milieu treatment, individual treatment, or combinations of these.

It is a by-product of this view that placement of children outside their families, i.e., in foster homes, group homes, or institutions, is recognized as an important but by no means exclusive treatment tool. Moreover, children are placed in extra-familial settings not to be raised but to be treated: "We are not," declared one agency director, "in the business of raising children but of repairing them (David Ball, personal communication, 1973)." Agency directors interviewed and the literature put out by several agencies all stressed that they did not merely provide custodial care for children in placement; placement was regarded as part of a treatment program aimed at restoring the child to his family.

Moreover, the decision to place a child away from home is not taken lightly. Those interviewed in the course of this research stressed that other plausible alternatives should be tried first; only if these fail to achieve satisfactory results, should placement away from home be considered. Underpinning this viewpoint is the belief that even under the best of circumstances, separation is traumatic; placement should be avoided if plausible alternatives are available (Bernard, in press). In accordance with this viewpoint, leaders in the sectarian child care field urge the development of a rich stock of extra-placement treatment programs such as for example, 'day-foster-care,' which will render placement unnecessary.

When, moreover, a child is placed away from home because of disturbing behavior, this is not always because the agency believes the child to be a 'problem child.' On the contrary, increasingly, the troubled child is recognized as a symptom of a troubled family-system; agencies, therefore, often stress that not only the child but his parents as well should be treated if the child's situation is to be improved. Thus, parents are sometimes required to participate in the treatment program, e.g., through individual or family therapy.

Modern Sectarian Identities and Mis-Identities

A Variant of the Pluralistic Ideal

It is a consequence of the fact that most sectarian child care agencies have adopted modern secular-humanistic treatment approaches to their work that the religious auspices of the agencies cannot be discovered through an examination of their programs. Agencies desirous of affirming their sectarian identity do so in other ways. For example, while acknowledging that the treatment they provide is in no sense religious, some declare that they exist to serve the needs of the denominational community. This view, which is widely shared among Jewish child care agencies (Rose Kaplan, personal communication, 1973) implies, first, that members of the denomination are given priority over nonmembers in the distribution of services, and secondly, that new programs are introduced and old ones abandoned in the light of the changing needs of the denominational community. Thus, agencies that arose to serve the dependent and neglected children that were a by-product of late nineteenth century Jewish immigration today serve emotionally disturbed children; the transformation reflects the fact that as the Jews entered the middle class, problems of dependence and neglect all but disappeared and problems of emotional disturbance loomed more important.

Agencies that view themselves as serving the denominational community may also attempt to limit board membership, executive and, to some extent, clinical personnel to members of the denomination.

Recent Forms of Agency Sectarianism: Indifference and Universalism

Many agencies reject even this weaker characterization of their relationship to the denominational community, and in some cases seem to have no special features which testify to their sectarian identification. Board members, executive and professional staff, as well as clients, may be drawn from a variety of religious and cultural groups; for all practical purposes, the agency appears to function as a nonsectarian organization. In some cases, these are agencies that have all but lost their sectarian identification, and view themselves as nonsectarian agencies. Religiously indifferent, they may retain their sectarian identification as a way of having access to contributors and volunteers from the denominational public. Executives of such agencies explain that their heavy reliance on extra-sectarian funding sources makes it impossible for them to continue to view themselves as primarily serving the denominational community. In some cases, they or their counterparts at national levels may be worried about this, but they seem to feel that the days are over when their primary commitment was to serve the denominational community.

In other cases, however, agencies that do not seem in any way sectarian represent a very different phenomenon. A number of agencies in various denominations, often encouraged by national denominational organizations, have taken on a new sectarian identity, according to which they exist to alleviate human suffering wherever it be found (National Conference of Catholic Charities Study Cadre, 1972, p. 44).

They are sectarian not because they serve the denominational community or because they have a religiously oriented program, but because they are a witness to and an actualization of the denomination's commitment to promote human well-being. McDaniel (c. 1969, p. 137) has attempted to describe the thrust of the change: "The biggest change among Protestant groups, in recent years, is the shift from evangelism to the giving of service for the purpose of 'bearing witness to Christ.'"

Welfare leaders urging sectarian agencies to reconstrue their sectarian mission in these universalistic terms encourage agencies to be responsive not only to their denominational communities but to minority groups that have long been excluded from the goods offered by sectarian agencies and by other social institutions. They urge agencies to view themselves as instruments of the communities in which they exist, and to refrain from paternalistically imposing their class or religious outlooks on those whom they attempt to serve. A feature of this position is that the 'liberal' sectarian welfare leaders who propound it often agree with critics outside the sectarian systems that the churches and their agencies have neglected and even contributed to some of the nation's most disturbing social problems. Thus, McDaniel notes that in "a *de facto* way, many of the churches and the synagogues have practiced racial discrimination (c. 1969, p. 95)," and Schaller describes the churches' withdrawal from the inner city as an *escape* to suburbia (Schaller, 1967, pp. 7-8). They thus gave up the "opportunity for ministry to persons who reside in the inner city;" today, many churchmen feel that "the churches should work with *other groups to help meet the needs of these* people (McDaniel, c. 1969, p. 75).

Sectarian agencies and other religious organizations that have espoused this viewpoint have in the last ten years sought to develop or encourage the development of programs that meet the needs of heretofore neglected groups. Many national and territorial denominational organizations lay great emphasis on the importance of not discriminating against potential clients (or, for that matter, personnel) on account of their race or color (see, for example, Methodist Certification Council, 1973, p. 33). When they are in a position to do so, such organizations sometimes impose sanctions on agencies that do engage in discriminatory practices. Similarly, the United States Catholic Conference distributes large sums of money to extra-Catholic groups, in many cases minority groups, attempting to develop welfare programs for their local communities (John Hayes, Catholic Social Services of Washtenaw County, Michigan, personal communication, 1973). At the local agency level, "The concern of the agencies for the welfare of the poor and/or non-white segments of our society is resulting in a re-evaluation of certain policies and resulting in subsequent changes (McDaniel, c. 1969, p. 166). Thus, churches in many cities have housed day-care centers and served as sponsoring agencies for Head Start and other programs coming out of the Office of Economic Opportunity. In the local Detroit area, a number of agency directors indicated that they encourage the local Black community to make use of agency programs; in some cases, new programs and special personnel have been introduced in order to better serve them. Thus, a local Lutheran agency initiated an adoption program for Black children which was staffed by Blacks. Catholic Social Services of Detroit has remained in the inner city despite the fact that this area is peopled by non-Catholic minority groups; the agency encourages the local community to use the agency's services (whether or not they can pay), and permits its facilities to be used as a recreational center by local youth (Emmet Roche, Director of Social Services, Archdiocese of Detroit, personal communication, 1973). In a similar vein, a child care agency located in the suburbs of Detroit has hired a staff person to work with adolescents in the inner city (David Ball, Methodist Children's Home Society, personal communication, 1973).

Agencies that have inaugurated programs of this kind sometimes do not have a mandate to do so from their respective denominational communities. On the contrary, these communities often feel cheated by the agencies' interest in extra-sectarian groups, and sometimes withdraw their support. Thus according to Clarence Fischer (Lutheran Children's Friend of Michigan, personal communication, 1973):

> Among many Lutherans, serving Blacks has not been a popular cause. Lutherans have by and large run from Blacks and from the problems of the city. Through the agency's heavy advocacy in this area, it has lost support.

Fischer noted, however, that a loss of denominational support is often counterbalanced by a gain of support from other quarters, e.g., from United Fund organizations.

Sectarian Dilemmas

Widespread acknowledgement of the fact that church-related agencies have tended to neglect vast pockets of poverty and human need has forced even those who do not subscribe to the universalistic ideology just described to reconsider or justify their role. It has forced sectarian welfare leaders to grapple with very difficult dilemmas. If an agency confines itself to serving the denominational group, what becomes of its religious imperative to serve all men? Is it not in effect saying, "This is no concern of mine." If, on the other, hand, it opens itself up to the nondenominational public, and makes itself responsive to all who are in need, what becomes of its ties to specific denominational communities? As a Lutheran group put it (Planning Church Related Social Welfare, 1971, p. 36):

> Services dedicated to Lutherans are not acceptable, indeed, they are not considered in keeping with Scripture or the written position of the agencies. Yet, a heavy orientation of programs to non-Lutherans poses a sharp issue for congregational relationships and support.

An equally serious issue arising from the recognition of church neglect of the oppressed raises an even more radical question. Should the church-related agency even continue to exist? There is some feeling among church leaders in various denominations that it is wasteful for the churches to spend their scant resources on agencies which serve a relatively small number of people and which leave untouched the underlying social and economic causes that render these and other people in need of care. In their view, church resources might more profitably be used to promote social change. According to Mundt (1971, p. 19):

> There is an increasing demand for the church to become an effective agent for social change and to mount programs of social action that will deal with such issues as poverty, housing, community development, economic development. Traditional social service agencies are viewed by some as inflexible and irresponsive to changing social needs and incapable of becoming effective agents of change. A polarization between social action advocates and supporters of more traditional services is evident in some places.

The document grew out of a meeting of sectarian welfare leaders, called together by the Committee on Social Welfare. Though the document was exceptionally critical of the work being done by sectarian agencies, its primary purpose was to encourage these agencies to do a better job of what they were undertaking. In particular, it advocated including social action for social change as an integral part of their responsibility. Many of the sectarian welfare leaders raised serious questions, however, as to whether this document should be issued under the imprimatur of the National Council of Churches. Their argument was that it implied continued sanctioning and legitimation of traditional types of church-related agencies. Insofar as the report encouraged these agencies to evolve even in modified ways, it conceded them the right of continued existence, and in the estimation of the objectors, their continued existence was of highly questionable value (Haskell Miller, personal communication, 1973).

The same attitude toward social service agencies is implicit in the allocation policy of the United States Catholic Conference. In most cases, its funds do not go to the existing Catholic social service programs, but to indigenous community organizations. According to a former editor of the *Catholic Charities Review*, and now an agency director, this was probably because the bishops felt that existing agencies could not use the money as effectively as could groups that were not a part of the "social welfare establishment (John Hayes, Catholic Social Services, Washtenaw County, Michigan, personal communication, 1973)."

Those defenders of the sectarian agency who are uncomfortable with the traditional view that the agency exists to serve the needs of the denominational community respond to attacks by citing other reasons for their continued support by the churches. They note, for example, that church agencies are in a unique position to provide opportunities for the denominational community to be introduced to and educated about contemporary social problems. As the Social Services director of a Lutheran agency noted, his denominational constituency is very conservative, and the agency through its use of volunteers and board members from this constituency, as well as through its involvement with local churches, is in a position to effect important changes within this community (Clarence Fischer, personal communication, 1973). In addition to this, it has been urged that maintaining agencies gives a denominational community "a base of knowledge which is useful in formulating more meaningful social action programs. . . . Direct service makes more raw data available to them than if they were only observers of social problems in the community (McDaniel, c. 1969, p. 123). Thus, the knowledge and expertise lodged in the agencies are actually or potentially valuable resources for the total work of the church (Mundt, 1971, p. 23).

The Public and the Private Realm

In view of massive government involvement in providing for human needs, sectarian agencies, like other private agencies, must justify their continued existence as private agencies. Welfare leaders, both in and outside of the sectarian sector, often respond to the challenge with the purportedly empirical observation that private agencies provide better quality services than do public agencies. Moreover, unlike the latter, they are not tied to elaborate governmental bureaucracies, a circumstance which renders them functional in two respects: in the first place, they are more flexible and can thus adapt more quickly to changing circumstances. This enables them to enter into areas of unmet and newly recognized needs long before public agencies are capable of doing so (Mundt and Whiting, 1970, p. 28). Indeed, one of the functions of the private agency is to enter such areas in the hopes of highlighting needs that are not currently being met by public agencies. In this view, when the public welfare system enters into such areas, the private sector can move on to other areas in which adequate care is not being provided. In the second place, freedom from the weight of bureaucracy and legislation permits the private agency to perform a highly important role in the social welfare system as a whole. In particular, many welfare leaders regard the private agency as a spawning-ground for new ideas and techniques; it is an experimental vanguard, pioneering in new forms of service. Such experimentation, they believe, will lead to knowledge and techniques that will benefit all welfare programs, public and private. The agency is thus a laboratory, experimenting on particular individuals but for the benefit of everyone. Sectarian welfare leaders often espouse this "experimentalist" ideal, which has come to complement and sometimes to supplant the ideal of cultural pluralism as the prime agency purpose. Thus, agencies that began as efforts to serve local parochial groups, because nobody else would serve them, or because they did not trust the help offered elsewhere, today often find their justification not in the fact that they serve this group, but in the fact that their work benefits everyone.

In this vein, sectarian welfare leaders point out that sectarian agencies were among the first to develop specialized treatment-oriented residential facilities for children, e.g., at Hawthorne Cedar Knolls and Pleasantville in New York State (Whittaker, 1970). In so doing, they pioneered a path that was later to be embarked on by public agencies. Today, many agencies justify their specialized "group home" programs with reference to ideals of experimentation. Thus, a Detroit area agency embarking on the development of a specialized group home for retarded girls with emotional problems regards itself as exploring unmapped territory, and hopes that its work will serve as a model for other agencies.

The Church-State Issue

Historically, many religious groups and organizations were reluctant to accept public funds to finance their work in the area of social welfare in spite of the fact that long-standing legal precedents have allowed such transactions between religious and public bodies. The reluctance was due to a fear of the long-range consequences of a less than strict interpretation of the Church-State clause in the First Amendment, as well as to a more immediate concern that dependence on the public sector would undermine agency autonomy, and render sectarian agencies tools of the public sector. These concerns, especially the latter one, continue to be voiced today. At the same time, agency executives as well as other denominational welfare leaders seem to have accepted the fact that purchase of service agreements with the public sector are here to stay. If agency executives are worried, it is not because they are accepting money from the public purse, but because the public sector tends to provide inadequate reimbursement for care provided under purchase of service agreements. That is, agency directors are more concerned with survival and with carrying on a high quality program than with what seem to them to be relatively remote questions regarding the Church-State problem. Even the question of agency autonomy pales in the face of the possibility that in the absence of public support, an agency or some agency programs would be forced to shut down. Nonetheless, many are very concerned with the "quasi-public" character of many sectarian agencies and wonder what rationale is left for their remaining under sectarian auspices (Interfaith Consultation on Social Welfare, 1972, p. 4; Reid, 1971, p. 1162).

IV. SUMMARY

The treatment programs of sectarian agencies, and, in particular, of child care agencies, are secular in character; non-sectarian personnel, clientele, and board membership policies are increasingly common; and agencies are so heavily dependent on public funds that they have been described as quasi-public organizations. In view of this, what is sectarian about sectarian agencies? One answer is that there is, in fact, nothing at all sectarian about sectarian agencies except their name and perhaps a few tangental ties to other denominational organizations. Other answers involve attempts to reconstrue sectarianism in untraditional ways. Whereas in the past the sectarian identity of agencies tended to imply a commitment to serve a particularistic denominational community, today many agencies are reinterpreting the meaning of this identity. In their view agency sectarianism is to be found in a religiously inspired effort to meet human need wherever it be found. The "new sectarianism" entails a heightened commitment to the elimination of suffering and the causes of suffering, and an insistence that society join in the task. As Haskell Miller has put it, sectarian leaders must stand at the elbow of society urging "Not enough, not enough," never allowing complacency to set in while there is yet avoidable suffering to be found (Miller, 1961, p. 266).

Child care agencies regard themselves and are often acknowledged to be highly professionalized organizations in which the 'do-gooding sentimentality' associated with "Charity" has no place. Indeed, some within the sectarian sector feel that sectarian child care programs are over-professionalized, and could make far more and better use of non-professionals than they do (Brother Joseph Berg, National Conference of Catholic Charities, personal communication, 1972). Individual agencies are associated with any one of a number of treatment traditions or they draw eclectically on several. In either case, agencies working with emotionally disturbed children emphasize the need for specialized, individualized treatment both within a chosen treatment setting and in the selection of a treatment setting, e.g., extra-placement programs, a foster home, a specialized residential institution. Moreover, although the sectarian sector as a whole is heavily invested in the area of residential institutions for children, ideological pronouncements tend to stress that the placement of a child away from home is a drastic measure not to be taken until other reasonable options have been thoroughly explored. When placement is called for, it is expected that the child will receive specialized treatment rather than custodial care.

Agencies are relatively uninterested in the Church-State question. They are comfortable about using public funds and only complain that they are not given their due from the public purse, a situation which they regard with some concern.

Agencies often regard themselves as vanguards, experimenting with novel forms of treatment which, if they prove successful, will benefit the whole child welfare field, public and private. In their view, their experimental role justifies their continued existence as private agencies even in the face of large and increasing numbers of governmentally supported direct service programs. Those interviewed in the course of the research for this report apparently felt no conflict between their self-chosen identities as pioneers and their heavy reliance on public sources of funding, although there are some within the sectarian sector that are concerned that reliance on the public sector will undermine the autonomy of sectarian agencies and render them tools of the public sector.

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David Ball, Executive Director, Methodist Children's Home Society of Michigan

Brother Josepth Berg, staff member, National Conference of Catholic Charities

Morris Davids, Executive Director, Jewish Children's Bureau, Chicago, Illinois

Earl Downing, Executive Director, Detroit Baptist Children's Home

Clarence Fischer, Social Services Director and Administrator of Detroit office, Lutheran Children's Friend Society of Michigan.

Samuel Goldsmith, former Executive Director, Jewish Federation of Chicago

John Hayes, Director, Catholic Social Services, Washtenaw County, Michigan, former editor, *Catholic Charities Review*

Allen Kandel, Executive Staff, Detroit Federation of Jewish Philanthropies

Rose Kaplan, Director of Social Services, Jewish Family and Children's Service and Re-settlement Service, Detroit, Michigan

Canon Logan, Episcopal Church, Diocese of Michigan

John McDowell, Director of Social Welfare Committee, National Council of Churches

Haskell Miller, Wesley Theological Seminary, Washington, D. C., author of *Compassion and community*.

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Emmet Roche, Director of Social Services, Archdiocese of Detroit

Minnie Stein, Division of Health and Welfare Ministries, Board of Global Ministries, United Methodist Church

Leslie White, American Baptist Convention

THE ROOTS OF COUNTER INSTITUTIONS

by

Barry Moore

I. INTRODUCTION

During the 1960's, American society was thrown into upheaval by a series of internal protests and new ideologies. The assumed stability of national institutions was at first challenged by minority groups and a middle class elite of radicals. By the decade's end the discontent had spread to a much larger group of people who were united by their opposition to many of the national institutions.

It was this spectrum of disaffiliation that gave impetus to the rise of the counter culture, a nation within a nation, that embraced new life styles and political programs for societal reform. The counter culture offered an escape from the ensnarement of social control by institutions by proclaiming new values that affirmed personal liberation and a reinvigorated sense of community as answers to social repression. Yet espousing the ideal of a new culture was not the same as building a new culture. If the counter culture was to be a viable means of social change, it would need new social forms to care for its members. Thus, the latter part of the 1960's witnessed the growth of a series of counter institutions that attempted to bridge the gap between human need and personal independence.

It may seem somewhat of an anomaly that an anti-institutional movement has its own institutions. Granted that the word presents semantic difficulties, the process which it describes is clear. A counter institution recognizes that people have certain needs, such as health care, a sense of community, and education, which must be attended to by social groups. What makes counter institutions unique is that they reject the dominant culture's authority and its techniques for providing for those needs. The counter culture erects, in the place of institutions, small groups that cater to those needs in personal, non-authoritarian types of interactions. Movements such as free schools, radical therapy groups, or communes are attempts at returning people to a sense of self and community in a less structured and deinstitutionalized setting.

It is our contention that the contemporary revolt against institutionalized conformity and alienation is part of a continuous tradition in American society. Current styles of radicalism did not emerge from thin air, but have many historical precedents. When a campus rebel proclaims, "I am a human being. Do not spindle, fold, or mutilate me," his protest against technology is part of a tradition that has, in the past, fought aganist an economic system that turns the individual into property. When a commune expounds the virtues of nature over civilization, it reflects the heritage of agrarian utopias. Contemporary counter institutions thus find their roots in styles and ideologies of radical behavior that have been part of this culture for two hundred years.

However, contemporary counter institutions are not only the culmination of an historic process of radicalism, but they are unique in themselves. One can establish historical precedents but they do not describe the precise alchemy of their creation. The contemporary counter culture has many diverse trends of revolt which overlap each other. As Theodore Roszak has noted, the counter culture is a fusion of political and cultural radicalism (Roszak, 1969, p. 49). This type of fusion creates confusion when we attempt to draw clean lines of influence from the past. Specific modes of revolt in the past which are clearly distinguishable as political or Bohemian rebellion are juxtaposed when we enter present times.

Because of these tangled lines of influence, it is difficult to present an evolutionary development of radicalism from past to present in tidy sequence. Our purpose is to examine specific episodes and values from the national history which can inductively suggest historical affinities with the contemporary counter institutions. This essay is not purely a "dates and facts" form of historiography. Our concern is with the ideas and values that have been transmitted to contemporary dissenters.

The first section of the paper is devoted to those political events and values which have structured the parameters of rebellion. Its major themes are the conflict of institutions versus individuals, and the discrepancy between the theory and practice of democracy. In the second part, we will analyze the styles of cultural revolt, from communes to Greenwich Village, which have forged the tradition of the outcast life styles.

II. HISTORY OF RADICALISM IN THE UNITED STATES

The Declaration of Independence

Political radicalism can be called the *raison d'etre* of the United States. Without that, the spark of rebellion, the revolution of 1776-1782 could not have occurred. The revolutionaries accepted the distinction of natural law that the right of government rests upon the consent of the governed. Whenever the government does not operate with this consent, the people become tyrannized by a usurpation of power. It was upon this reasoning that the revolutionaries based their secession from the rule of George III.

The nucleus of this position can be found in the Declaration of Independence. Authored by Jefferson, the Declaration stated that people had certain natural rights, such as life, liberty, and the pursuit of happiness, that were inherent in man even before he entered into a social contract of government. A violation of any of these rights by arbitrary government justified the right of rebellion as a redress to tyranny.

While the Declaration was rhetoric, never embodied as law, its importance for expressing the ideals of democracy cannot be underestimated. Its principles were not only a creed for establishing social relations, but it helped to push the principles of revolution into the channels of political institutions. It was a moral bond of national unity shared by all people, and this consensus aided the social revolution in the wake of political revolution.

The Declaration represented an ideal of democracy that would form a basic dynamic in cultural change. It established a tension between the ideal of political equality and the actuality of inequality. This discrepancy between the promise of the Revolution and the realities of implementing the new freedom would prove to be a major factor in future radical change. One test of democracy would be the calculus of the Declaration. Since radicalism involves the search for the roots of social oppression and liberation, the Declaration becomes a major basis for American dissent, particularly as regards the injustice of social institutions. As Staughton Lynd (1969, p. 10) has noted:

> The language of the Declaration of Independence remains relevant as an instrument for social transformation. What pre-Civil War radicals meant by these old words has much in common with what the modern radical movement means . . . "Men should be free, according to the revolutionary tradition, because on joining society they do not surrender their essential natural powers. If existing society abuses those powers, men should demand their restoration at once . . .

It is this tension between revolutionary freedom and institutionalized liberty that provided future social conflicts, such as the Civil War and the counter culture, with a common source of rhetoric.

The Constitution

Reconciling the issue of the Declaration's liberty of the individual and the need to control that freedom through institutions resulted in a critical discrepancy when the Constitution was written. After five years of what some viewed as social turmoil and economic instability following the revolution, the Constitutional Convention was convened in 1787 to control the fervor of freedom. While the revolution had been made by an alliance of the masses and a propertied elite, the members of the Convention were largely upper-class men of property. None of the revolutionary, firebrand radicals were present (Lens, 1966, p. 47). The representatives, elitist-oriented, were suspicious of the dangers of excessive popular democracy and of the ability of the people to govern themselves. There was also an economic concern in their fear of the levelling effects of democracy. The large owners of property felt that their stake in government was larger and more powerful than that of unpropertied individuals. The equalizing tendency of democracy would result in the loss of their privilege. Factions would arise due to the inequality of economic distribution which could become an overbearing majority working against the propertied minority. Because of these fears, the Constitution that was formulated serverely limited local revolutionary democracy and protected national interests and economic rights (Beard, 1941, pp. 154-161).

The result was a conservative document which secured some of the rights of the Declaration, while erecting a series of channelling devices to protect against the predicted excesses of democracy. There was a serious schism between the interests of the few and the democratic impulses of the masses. An elite had formulated the nature of political democracy with the ingrained confusion of "affirming personal liberty while at the same time' linking it to private property and economic self interest (Lynd, 1969, p. 11)."

What emerged was perhaps the most basic ambiguity for the future of American democracy: the sanctity of personal property was placed on an equal level with the rights of personal liberty. This equation of economic and political liberty would create a schism in the fabric of supposedly democratic social institutions, for it meant that the interests of the few could have equal voice with the interest of the many. By this exaltation of economic individualism the few had been given legal rights that could exceed the powers of political institutions to control. This equation of personal gain with democratic liberty would ultimately lead to social conflict. The Civil War would be fought over this nebulous definition. The right of slaveholders to use people as property conflicted with the slaves' right to equality. In the Industrial Era the extension of this freedom of economic individualism would raise a few millionaires to the power of controlling not only the economics but government itself. Ruthless and anarchic self-interest was inadequately regulated, due to the fundamental ambiguity of the Constitution on this issue.

Today the same questions are raised; the economic interest is called technocracy, and its economic control over personal liberty reflects this basic contradiction in the nebulous constitutional doctrine. In this confusion we find a basic influence upon the growth of a radical consciousness, for the radical would challenge the interests of an elite in the name of what he believes to be the popular interest. The force of social dissent would be a major factor in challenging the steady increase in the influence of vested, propertied interests.

The Wave of Popular Democracy 1800-1850

In the early period of the Republic, possible ideological contradictions were quickly smothered by a wave of patriotic nationalism. The exuberance of the nation swelled into a popular explosion that elected Jefferson in 1800. His victory was viewed as the triumph of democracy over the interests of a propertied elite represented by people like John Adams and Alexander Hamilition.

Jefferson's presidency carried with it an explicit anti-institutional bias. Jefferson had supported the idea that the best government was that which governed least. He believed that government's sole function was to promote happiness and personal liberty. These ideas culminated in the popular idealization of the common farmer. The agrarian myth succeeded, in tying together the revolutionary spirit, a cult of nature, and a cult of the individual. America was an unblemished Eden that started with perfection and ended in freedom. To preserve this utopian state of wilderness, the independent farmer became the keystone. He was an Adam who nurtured democratic individualism and self-determination. The decentralized liberty of the land thus became the ideal that symbolized this early wave of radically individualistic popular democracy (Smith, 1970, p. 125).

Yet, the agrarian myth led to a serious paradox. While it was a unifying national ideology, its premises were based upon disunity and anarchic individualism. The farm was free from society and the yeoman was his own man. The celebration of the American wilderness as Eden was the avowal of savagery as civilization. This implied a significant Janus-like condition of the American mind. The impetus of the Revolution had been to create an expectation of unbridled liberty and limitless individualism. Yet these notions of freedom were soon at odds with the reality of the increasingly cohesive, nationalistic and centralized state of society. The demands of society were not always the same as those of the individual. The agrarian myth, widely accepted as a social doctrine and political rhetoric, pinpointed the basic schism between the aims of personal liberty and the designs of political institutions of control.

The dilemma emerged more clearly during Andrew Jackson's administration. The Jeffersonian myth of an agrarian utopia became fused with the Jacksonian cult of the common man (Hofstadter, 1955, p. 28). Now government was in the hands of the true democrat, the common man, and it worked for the defeat of any aristocratic interest, as evidenced by Jackson's veto of the National Bank. During the 1830-1850's, this mood of popular democracy spurred a series of humanitarian crusades and institutions which spread the optimism and perfectionism of the democratic faith. The common school movement began. The prison system was reformed and more humane treatment toward the prisoners was practiced. Increased facilities, such as Samuel Howe's school for the deaf, were made available to the wards of the state. In this furor and faith in the power of democratic perfectionism, the very institutions of society were radically democratic. A large segment of society was swept with a fervor for reform which the openness and fluidity of the institutions could contain.

Yet this process also involved the fusion of patriotic ideology with the institutions of society. Democracy was shifting its emphasis from Arcadia to institutions. The public school movement quickly became allied with democratic nationalism (Tyler, 1962, p. 24). It was argued that a strong democracy would need educated citizens. Public education would insure the strength of national institutions by creating educated people who could preserve the tradition of equality. Education for all meant democracy for all. The Temperance crusade in this period also emphasized a similar rhetoric. The drunk promoted the dissolution of the democratic community, while the sober person strengthened society by his resolute and responsible behavior (Curti, 1946, p. 108). This incorporation of egalitarian and democratic principles into the social institutions was evidence of the growing consolidation of the previously radically egalitarian society. Loyalty to the principles of democracy presupposed loyalty to its institutions.

This process of institutionalization carried with it the possibility of the loss of personal freedom. The revolutionary tradition of equality and liberty was transformed into a mass sentiment of freedom which suggested the danger that

> America is essentially a one dimensional society with a single character type. Equality of condition American style defines a common social situation and enforces a common pattern of response (Meyers, 1957, p. 49).

Thus, the original aims of egalitarian individualism had been metamorphosed into a conformist condition which compromised that same individualism.

If we are to trace the growth of radical consciousness in this society, we can see its beginnings in the fundamental tension between institutional liberty and personal liberty. The democratic wave of radicalism had been absorbed by a society which proclaimed itself devoted to social welfare and personal freedeom. Yet, by the institutionalization of democratic principles, it had often cut short the pluralism necessary to sustain a creative democracy. Equality became monolithic in its institutionalized translation. To realize the radical conditions of revolutionary freedom, and to fulfill personal idealism, the individual now was forced to go outside the established social order. Ironically, society had erected a double bind based on the contradiction between institutional individualism and personal freedom. To gain personal liberty in the midst of monolithic equality, a person might have to withdraw from the social mechanism. Yet such an action would be viewed as disloyal, unpatriotic, and anti-democratic. The institutions protected democracy, why should anyone rebel from them?

The social dissenter found himself in a curious situation. His vision of democracy was based upon an appeal to the revolutionary tradition that was now in the past tense. To invoke the radical ism of the Declaration or even the vision of agrarian Eden could make the radical democrat appear as an outsider, a threat to the ongoing norms of society. Although these people were motivated by purest impulses of democratic politics, their vision became a threat to social order. The Revolution had been fulfilled and now was in the process of protecting its orthodoxy from any challenge. In short, yesterday's revolution becomes today's orthodoxy.

The Abolitionists

The movement to abolish slavery illustrates the issues we have already described. The conflict of property versus liberty and the conflict of individualism versus institutionalism spawned a crisis, finally plunging the nation into civil war. The national institutions did not contain the means to abolish slavery, indeed, the institutions were supportive of it. The foundation of democracy — equality — could not be extended to the slaves by the institutions. In this crisis, the institutions were unable to function. Social control was weakened. Churches became divided over the abolition question. The House of Representatives refused to consider the flood of anti-slavery petitions sent to it. The power of popular democracy could not be controlled by its institutions and, as a result of the demands put upon them, they grew weaker. As Stanley M. Elkins (1959, p. 177) notes:

> [T]he democratization of all the major institutions once familiar to American life had to a profound degree worked to undermine the same institutions, and in a larger sense such institutional breakdown was the very condition or price of national success.

In this vacuum created by loss of institutional control, the logical alternative, given America's historical evolution, was the radically democratic proclamation of individualism.

The abolitionists took the question of slavery beyond the control of democratic institutions to the realm of morality. They denounced a society that mouthed equality while allowing slavery to exist. When the abolitionists invoked the egalitarianism of the Revolution, or the right of free speech and conscience in the Constitution, they encountered suppression. They faced imprisonment, mob violence and even death when they proclaimed the freedom of equality. Their literature was banned in the South (Tyler, 1962, p. 486). They were un-American in the context of the 1830's. The vehemence of southern opposition and northern indifference pushed the abolitionists out of the institutional framework. They could no longer support their claims in an institutional context. They invoked a higher law — personal conscience — to counteract the failure of democratic institutions (Elkins, 1959, p. 27). Their traditional expectations from the system were unfulfilled, so they went beyond the system and posed the question of equality as an issue to guilt and morality. Henry Thoreau declared (1950, pp. 636-637):

> Must the citizen ever for a moment, or in the least degree, resign his conscience to the legislator? Why has every man a conscience, then? I think that we should be men first, and subjects afterward. It is not desirable to cultivate a respect for the law, so much as for right.

The conclusions reached by the abolitionists reflected their ties with the revolutionary tradition. They argued that a state which does not permit liberty must be dissolved. An inability to redress the problem of inequality suggested the illegitimacy of social controls. This caused many abolitionists to refuse to give their loyalty to the state and to proclaim themselves citizens of the world (Lynd, 1969, p. 132). In 1836, William Lloyd Garrison renounced his allegiance to the country and nominated Jesus Christ for the presidency of the United States and the world. Once they had forsaken their loyalty to the government, it was easy to move to an extreme position which denied the legitimacy of laws which challenged their personal morality. Thus, Thoreau refused to pay his poll tax; the underground railroad illegally transported slaves to free states; John Brown executed Kansas slaveholders.

The irony of the situation was that as the response to slavery became less institutionalized, the abolitionist sentiments became more widely shared and democratically approved (Elkins, 1959, p. 185), for aside from the moral issues associated with slavery, there was the economic threat represented by Southern slaveholders. They represented an aristocratic elite that existed by the labor of slavers. There was a widespread fear by Northern laborers that if the system of slavery were not crushed, it could be extended as a capitalistic principle throughout the nation. The result that the Northerners feared was a conspiratorial coalition between the slaveholder and the Northern industrialist that would subvert the freedom of white men and degrade the value of free labor. Although derived from conspiratory extensions, this argument nevertheless recognized the fundamental fact that democratic institutions had not offered adequate protection of personal liberty from the excesses of an aggressive aristocracy. Once this question was identified with the political parties and the extension of slavery into the territories, the civil conflict was "irrepressible."

The importance of the abolitionists rests upon their methods of revolt. Once they had rejected the gradualism of institutional reform of slavery, they turned to a critique of the system based upon moral conscience and freedom of expression. Since, as Meyers suggested, American society in the 1840's and 1850's was becoming increasingly one-dimensional, the abolitionists' appeal to a radical egalitarianism and to the conscience of the individual was an anachronism that only furthered their alienation from the community. In their intense drive for liberation of the slave and for the right of individual dissent, the abolitionists created a counter community based upon the free expression of radical egalitarianism and individualism. Two visions of democracy were in conflict in the antebellum period — the institutional and the individualistic. It was in this tension between freedom of self and community control of freedom that the radical conscience was forged.

The Industrial Era

After the Civil War, a new force of change swept the land, creating many of the problems that remain unanswered today. The old America of small cities, isolated farms and individual enterprise was giving way to a feverish drive toward centralization and national consolidation. This growing concentration of political and economic power completely upset the stability of the social order. In its wake, the period of 1865-1900 produced an age of greed and suffering unmatched in national history.

At the crux of this crisis was the inability of social institutions to control the effects of industrial capitalism. Economic rights were given precedence over human rights. Powerful capitalists, such as Rockefeller, J. P. Morgan or Vanderbilt, usurped democratic government and used it for their own ends (Reich, 1970, pp. 33-34). Through their representatives in Congress, they were able to exert undue influence upon government. A representative came to represent not the interests of the people, but of the corporations. The government was unable or unwilling to compete with the powers of capitalism. In 1894, when a gold crisis drained the reserves of the treasury, the government was forced to borrow from J. P. Morgan's private firm in order to maintain currency stability. A private monied interest had thus salvaged the integrity of the United States government.

The breakdown of national control extended to other institutions. After the Civil War, Congress, passed the Fourteenth Amendment which guaranteed the rights of ex-slaves by forbidding a state to "deprive any person of life, liberty or property without due process of law." In 1886, the Supreme Court extended this doctrine to corporations, in effect voiding many states' laws that regulated corporations, on the grounds that they deprived the corporations of their property "without due process." This meant that the corporation was now a "person" and had rights equal to those of a citizen. The initial ambiguity at the Constitutional Convention between economic and personal freedom became a reality. Property now had sanctity of citizenship.

Speaking only in institutional terms obscures the human suffering of the period. Children worked up to twelve hours a day, seven days a week, in factories. By 1888, industrial "accidents" were killing workers at the rate of 100 per day. In 1873 and 1893, economic manipulation by the powerful industrialists and bankers had thrown the country into depression. Millions were unemployed; starvation and suicide were common. There were no adequate institutions to control this social imbalance. The emerging situation was analogous to the pre-Civil War period, only the new slaves were legally free, but had no voice in the conditions of their freedom. It is in this cycle of institutional breakdown that the radical was awakened. Just as in the antebellum period, once the institutions of control became powerless, community was ripped apart. A state of neo-anarchy reigned in the Industrial Era, where the political process and economic process had drifted away from any form of democratic order. In this vacuum of social control and atmosphere of liberal individualism, a radical vision of democracy appeared as a basic redress to a growing feudal and aristocratic system.

The farmers of the Midwest and South were among the first to take popular action against the industrial-political octopus. During the post-Civil War period, the farmers were the victims of rising costs and falling prices. Drought and eroded soil increased their miseries and caused evictions of many families. Agriculture, which represented one-half the national wealth in 1860, accounted for only one-fifth of the total 50 years later. The independence of the farmers was seriously compromised in the throes of this depression. Absentee ownership of farms by eastern mortgage and insurance firms became prevalent.

To combat this destruction, farmers in the Midwest organized the National Grange of the Patrons of Husbandry in the 1870's. The Grange began organizing a series of ventures in cooperative purchasing to bring down the high prices of goods. They formed cooperative stores, shared grain elevators and purchased mass quantities of farm tools at wholesale prices (Wasserman, 1972, pp. 66-68). The Grange also pushed for political reform. During the depression of the middle 1870's, Grange party representatives were powerful blocs in Illinois, Iowa, Minnesota and Wisconsin. They were able to pass legislation to regulate the unjust railroad freight schedules.

But by the end of the decade, the Grange could not sustain itself. Its primitive attempts at collectivism had failed internally and it could not withstand the monied powers. The railroads ignored the laws for fair rates and the politicians were loath to provide adequate enforcement. The cooperative movement met equal resistance. Banks refused the stores' credit, manufacturers raised prices on wholesale goods and the railroads refused to carry farm products. Faced with these overwhelming pressures, the Grange movement collapsed by 1880.

In 1875, a new organization developed in Texas that was destined to take the place of the Grange. The Farmer's Alliance originally formed to fight infringement of property rights by the cattle barons. But it soon found itself involved in collective purchasing arrangements and cooperatives. As more and more farmers were evicted from their lands and farm prices fell, the membership in the Alliance increased. Rapidly its organization filtered into the Midwest and took the place of the defunct Grange (Wasserman, 1972, p. 70). Since many of the Alliance's programs embraced legislative reform, such as the regulation of the railroads and the prohibition of absentee land ownership, it was political in a more vigorous way than the Grange. By 1890, Alliance candidates had captured mayoralty elections and many state legislatures.

Yet local action was insufficient. The farmers' organizations recognized that they were dealing with a national problem. In 1892, the Alliance members and militant urban workers met in Omaha, Nebraska, to form a national political party. The political platform that emerged was the most radical third party statement in national history. In their preamble they declared (Pollack, 1967, p. 60):

> The conditions which surround us best justify our cooperation; we meet in the midst of a nation brought to the verge of moral, political, and material ruin. Corruption dominates the ballot-box, the legislatures, the Congress, and touches even the ermine

> of the bench. The people are demoralized; most of the States have been compelled to isolate the voters at the polling-places to prevent universal intimidation or bribery. The newspapers are largely subsidized or muzzled, public opinion silenced, business prostrated, our homes covered with mortgages, labor impoverished, and the land concentrating in the hands of the capitalists. The urban workmen are denied the right of organization for self-protection; imported pauperized labor beats down their wages, a hireling standing army, unrecognized by our laws, is established to shoot them down, and they are rapidly degenerating into European conditions. The fruits of the toil of millions are boldly stolen to build up colossal fortunes for a few, unprecedented in the history of mankind; and the possessors of these, in turn, despise the republic and endanger liberty. From the same prolific womb of governmental injustice we breed the two great classes — tramps and millionaires.

The Populists' platform offered a widespread critique of national institutions. They called for: 1) government ownership of the railroads, telegraph and telephone; 2) the adoption of the secret ballot; 3) the 8-hour work day; 4) a graduated income tax; and 5) the free coinage of silver. Yet, the purpose of these programs, however advanced they appeared, was aimed at the restoration of the traditional values and institutions which had been usurped by monopoly.

The Populists' object [illegible] to reassert popular democracy in order to strengthen competitive capitalism and to save small enterprise (Destler, 1963, p. 20). For them, the utopia of the republic could be restored if society would follow the Jeffersonian and Jacksonian maxim — "equal rights to all, special privileges to none (Pollack, 1967, xii)." They appealed, in the now familiar Janus posture of American radicalism, to the ideals of the past to structure the social system of the future.

But political power was denied. The Populist candidate for president, James Weaver, was defeated in 1892. The Depression of 1893 kept agitation and unrest high and Populist membership continued to increase. In 1896, after a stormy convention, the Populists decided to throw their support to the Democratic party candidate, William Jennings Bryan. Amidst cries of widespread voting fraud and the threat of some industrialists to lay off their men if Bryan won, McKinley carried the Northern states and won. The defeat was fatal to the Populists. The members drifted apart and by 1898 the movement was dead.

The Progressives

The demise of the Populists did not signify the end of reform. The Progressive movement arose from the middle-class concern for opportunity and from a demand for democratic control of the corporations and government. Progressivism inaugurated a new form of institutional reform, which diluted many radical proposals and then channelled them through the systems of power. The Progressives, as good middle-class Americans, were not out to overthrow the system but they wanted to control its most glaring evils. As a philosophy of reform, Progressivism was to create lasting reverberations in the political system that would determine many institutional responses to change down to the 1960's.

Progressivism was both a social ideology and a political program. In its early period, it is best seen as a cynical consciousness of social evils. Muckrakers, like Lincoln Steffens and Ida Tarbell, inaugurated a scathing self-examination of municipal corruption and the evils of monopoly in the period from 1900-1912.

Through *McClure's Magazine*, the muckrakers spread information about social corruption to an urban, middle-class audience. And people began to listen to their cries for reform. A process familiar to the abolitionists was repeating itself — radical propaganda was reaching the minds of the average person and awakening their sense of social responsibility (Weinberg, 1961, p. xix).

This process ultimately found political outlets. The presidency of Theodore Roosevelt from 1901-1908 inaugurated the institutionalization of some of the programs for reform. In 1902, he started an anti-trust suit against J. P. Morgan's holding company, Northern Securities, which threatened to monopolize national transportation. Roosevelt's victory in the suit pressed him to more widespread reform. In 1903, he established the Department of Commerce and Labor to deal with the glaring evils of industrialism. He later pressed suits against the Beef Trust and the Sugar Trust, and controlled the railroads more thoroughly by the Hepburn Act. In 1906, Congress passed the Pure Food & Drugs Act to offer the consumer protection from the filth that was put in meat products.

It is important to note that while Roosevelt may have been called a "trust-buster" and Progressive, his reforms did not seriously disturb the capitalistic control of society. Northern Securities simply evaded the anti-trust decision by issuing two sets of stock. Facing a depression in 1907, Roosevelt permitted United States Steel to buy one of its competitors to strengthen its monopolistic hold on finances. Thus, the political institutions allowed the basic system to continue, while adjusting the most obvious inequalities in the corporate structure. As Hofstadter noted of the movement, "Successful resistance to reform required a partial incorporation of the reform program (Hofstadter, 1955, p. 132)." What Roosevelt did was to start an alliance between business and government, in which the state now shared in the decison-making powers with the corporation. This mode of reform increased the power of social institutions to affect change, but it did so by compromising the original radical critique embodied in them.

The second danger in the Progressive movement arose from its ideology of social action. Whether it was Hull House, or Dewey's experimental school, or Roosevelt's controling the trust, there was the optimistic belief that institutions could funnel discontent and create change. The institutional breakdown during the early industrial period had been stopped; sheer Darwinistic power and economic aggression had been subdued by the reassertion of social controls. But Progressive reform carried with it the threat of a new institutional power. Jane Addams could in one breath celebrate the robust energies of youth, while in the next talk of how such energy could be controlled by clubs and Americanization programs. When Dewey's experimental approach to education was absorbed in the mainstream of culture, it promoted conformity, not individualism. Christopher Lasch (1967, p. 146) has highlighted this inconsistency in Progressivism:

> Totalitarianism was hardly the goal toward which American progressives were even consciously striving. But the manipulative note was rarely absent from their writings: the insistence that men could best be controlled and directed not by the old, crude method of force but by "education" in its broadest sense. The good of the individual was sacrificed to the interests of the State.

These two qualities of Progressivism control and corporate alliance culminated in the New Deal reforms of Franklin D. Roosevelt. For Roosevelt preserved the system of private enterprise that created the Depression, but he radically altered the relationship of government to the economy and society. In this process, the institutions gained more and more control over private lives, to the point where the Roosevelt revolution fundamentally altered the nature of personal initiative and freedom. It is from this institutional gargantua that the dialetic of the current counter-institutional revolt would emerge.

America of the 1930's was not on the verge of revolution, but it was a vastly disillusioned and disturbed country that demanded swift measures to prevent the collapse of confidence. Its faith in business was gone and the country looked toward government as the arbiter of change. Franklin Roosevelt was handed many priorities for reform which promised an innovative transformation of national institutions. Yet, what emerged as the basic premises of the New Deal from 1933-1939 was a hodge-podge of conservatism, state capitalism and para-radical measures which did little to alter the basic structures that had created the Depression. As one historian had observed (Bernstein, 1968, pp. 264-265):

> The New Deal failed to solve the problem of depression, it failed to raise the impoverished, it failed to redistribute income, it failed to extend equality. It failed generally to make business more responsible to the social welfare or to threaten business's pre-eminent political power. In this sense, the New Deal, despite the shifts in tone and spirit from the earlier decade, was profoundly conservative and continuous with the 1920's.

The New Deal preserved the conservative institutional framework by absorbing more diverse and dissident groups into its political framework; under the Wagner Act and the Agricultural Adjustment Act, farmers and unions became part of the alliance with the government. Public relief agencies, such as the Civilian Conservation Corps and the Public-Works Administration, helped to alleviate some of the direct suffering by vast programs of public works and relief, which allowed the unemployed poor a voice in government. All of these reforms made it harder to starve in America, and gave Roosevelt the confidence of the poor which greatly decreased the threat of overt revolution (Wehle, 1953, p. 226).

Roosevelt took the wind out of many radical threats of social transformation by turning the rhetoric of social revolution into reform programs that diluted the radical appeal. When Huey Long's "Share Our Wealth" program called for the redistribution of income above a certain amount, Roosevelt responded with the Inheritance Tax Act designed to "soak the rich." Union radicalism and the growing number of strikes in 1934 pushed Roosevelt to a hesitant acceptance of the right to unionize. In this limited sense, the New Deal was responsive to social reform, but it did little to radically restructure the deeper inequalities of capitalism. Even the landmark Social Security Act, which acknowledged the commonweal, still made the workers responsible for their pensions; government contributed nothing. The critical shift was that government under the New Deal was able to exercise a policy of containment of change, which strengthened the state by adjusting the most radical demands to a consensus of compromise. More and more, the political institutions determined that change could come only from within the established system. Government had grown so powerful that isolated radical groups bent under the pressures of centralization.

In part, this new strength of political institutions was due to the New Deal's alliance with business. Through measures such as the National Recovery Act and the Securities Exchange Act, government exerted increasing control on capitalism and finance. Through the Reconstruction Finance Corporation, the government extended credit to businesses and the building construction contractors. One commentator states that the significance of these reforms was, "the financial center of the nation shifted from Wall Street to Washington (Leuchtenberg, 1963, p. 335)." This critical movement toward centralization of business and government reached its full strength during World War II. The New Deal had not solved the Depression, for it was the drive toward rearmament and industrial supply of material that brought an upsurge in production and employment. Government and business became partners in a system in which government defined priorities, business carried them out, and prosperity was insured.

The critical effect of the New Deal reforms was an increasing interconnectedness of institutions and individuals. The state, under Roosevelt, had created a vast series of liaisons with industry, workers, farmers and financiers which created a centralized network of dependency. This change created a major transformation in the pattern of individualism. Charles Reich has (1970, p. 60) noted that the general theme that lingered after the New Deal was *domination*:

> these years had convinced much of America that its people must be placed under the control of something larger and more rational than individual self-restraint; that individial man must, for the good of all, become part of a system.

In this weakening of individual powers, the state and society gradually became one large organization. While it was not precisely totalitarian, the centralizing impulse did result in the creation of a public state that was a gargantuan corporation, which entered into private and *economic* life in increasing channels of influence.

During this period, the assertion of self counted for less and less. The New Deal had established the antithesis for the dialectic of revolt in the 1960's. The cry for self and for liberation from institutions was a direct reply to many of the inadequacies of New Deal reform. Man had become part of an institution which smothered individual freedom with a collective security.

The Black Revolution of the 1960's

The black protest for equality in the 1960's represents the first significant postwar attempt to challenge the hegemony of institutional interconnectedness and inertia. During the 1950's, the wave of McCarthyism and the "organization man" syndrome of conformity controlled public individualism and radicalism with tight reins. The collective identity superseded personal identity as the mentality of mass uniformity gripped the imagination in a wave of institutional loyalty. Patriotism was equated with not rocking the collective boat. The black revolt upset the stability of this tranquil mood. For like radicals of the past, the blacks had challenged the system's core of idealism. By demanding equality in both a political and moral sense, they had gone to the roots of the democratic faith to awaken social inertia. The black struggle against this institutional indifference became the catalytic spark of rebellion that awakened the decade to the possibility of radical democracy.

On February 1, 1960, a group of Black college students launched the movement for Black liberation by sitting-in at a "whites only" section in a Woolworth's store in Greensboro, North Carolina. The first day they were escorted away. But the following day the Blacks came back in large numbers to protest. Many were beaten and jailed by angry whites, but the spark had ignited. Suddenly all over the South, there was a wave of sit-ins, read-ins, kneel-ins, wade-ins to secure rights which had supposedly been procured by the Civil War. Freedom riders attacked segregation practices in bus terminals, white students came South to help Blacks register to vote, and mass marches of solidarity were conducted throughout the South.

This early stage of liberation, the movement for Civil Rights, was viewed by Southern whites as a violent threat to the social order. Ironically though, the Civil Rights workers were relatively tame. Led by Martin Luther King, the movement was a "revolution to get in." The Blacks merely wanted to be admitted to full citizenship and equality in whith society (Newfield, 1966, p. 4). In effect, Blacks believed in the power of democracy to respond to mass sentiment, and enact laws that would give equal rights. Guided by Dr. King, the appeal of Civil Rights was to morality and equality. The Blacks had made their political appeal on Christian and pacifist grounds. They would not counter the violence of the South with more violence.

In the wake of this appeal to traditional rhetoric and democracy, many laws were passed to insure some of the Blacks' civil rights. President Kennedy ordered federal marshals to go south to insure Black voter registration. In 1964, Congress approved a massive civil rights law which enforced the right to vote and described sanctions against discrimination in public accommodations. Yet the naivete of the belief in law soon became apparent. Civil rights were not human rights. Laws alone could not answer the larger questions of racism, urban ghettos and white violence. By 1965, these deeper questions had splintered the civil rights movement. The Blacks' earlier optimism in the system's ability to change was fading. And with the emergence of Vietnam, suddenly government began to "forget" about Blacks. Funds that would have gone to the poor now went to the war effort. The result was that the Blacks began to withdraw into their own culture; they were alienated from white controlled institutions which mouthed theoretical equality while concealing great factual inequalities.

This new phase of liberation promoted a solidification of Black identity. Now an emphasis was placed on subcultural isolation and psychic transformation. Politics became a culture. Stokely Carmichael became the prophet of this period; with his cry for Black power, he heightened awareness of oppression: "Black people in this country form a colony and it is not in the interest of the colonial power to liberate them (Carmichael and Hamilton, 1967, p. 5)." Through a psychic purgatory the Blacks disentangled themselves from a white identity. A new emphasis was placed on Afro-American history and a positive imagery of Blackness.

This cleansing of white identity took a variety of forms. The Black Muslim movement founded in Detroit in the 1930's received revived interest in the 1960's. The Muslim movement was a counter community within the ghetto with the Muslim temple as its focus. The temple became a symbol of the Muslim separation from white culture, as it ideologically called for the separation of the races and emphasized Black pride and militant racism as counter-agents to a "white-washed" identity. A fierce cultural pride was maintained through the teaching of Afro-American culture and the stress upon a rigid, purifying discipline of clean living and industriousness as a cure for the loss of self pride among Blacks (Essien-Udom, 1962, p. 121).

Another group that gained national attention during the latter part of the 1960's was the Black Panther Party. The Panthers called for Black people "to pick up the gun" and gain their manhood. For the gun was the modern symbol of subjugation; it was the means used by the police to keep Blacks in line. By arming people, the Panthers wanted to end the mystique of intimidation that the police used on ghetto dwellers (Anthony, 1970, pp. 15-16). But violence was only a part of their program. The Panthers wanted Blacks to think collectively and disavow the cult of white individualism by creating a meaningful Black community. "Power to the people" became more than a slogan; it was a program of action. The Panthers fostered a collective identity by sponsoring a liberation school program for educating Blacks about their cultural heritage and the strategies of political action. In the "breakfast for children" program, they made certain the Black children got one decent meal every day (Moore, 1971, p. 265).

Yet, compared to the unanimity of the early 1960's civil rights movement, the Black movement was in disarray. While all could agree on the pride of being Black, the question of culture versus politics became confused, and there was a splintering of purposes. At first the Black movement believed in the nation and the promise of American idealism. But when Blacks became conscious of the totality of white cultural and institutional inertia, and of the indifference to the ideals of egalitarianism, they dropped out. The Blacks withdrew into the sanctum of community to transform themselves before they changed the world. While such a process led to isolated solidarity, it also led to diffuse individuality; tactics and principles became uncertain. Once the realm of politics was abandoned, culture became a political statement with unclear directions.

It is this basic dynamic of disillusion with social political institutions and the withdrawal into community that soon became the cycle for white radicals in the 1960's. The Black experience became a metaphor for the process of transformation. The white radicals' failure to significantly change the political system's policy of war, or the educational establishment's undemocratic paternalism, resulted in futile exasperation with the liberal institutions which were so powerful and interconnected that significant transformation was impossible. Reaction and withdrawal set in. If one could not find equality and harmony in the institutionally-controlled outer world, then perhaps one could go inside a counter community to find peace there. A renewed sense of political impotence led to attempts at cultural solutions. Counter institutions arose to support withdrawal with community solidarity.

III. CULTURAL REBELLION

The drive toward cultural rebellion has been part of the social process since colonial times. The early immigration movement represented an exile from one community and the voyage toward the New World's promise of utopia. D. H. Lawrence (1971, p. 3) expressed the significance of this:

> They came largely to get away: that most simple of motives. To get away. Away from what? In the long run, away from themselves. . . . To get away from everything they are and have been.

The immigration process foreshadows the mobility and restlessness ingrained in the social dynamic of America; the movement away from oppression toward Arcadian insulation served as a critical escape valve in the search for freedom.

Gradually, the primitive settlement evolved into a civilization. The terror and uncertainty of the wilderness were subdued, and the hardships of exile were forgotten. But the restlessness and the search for new Unknowns were not dead. The concept of the new world as an escape from oppression now became an indigenous sentiment. Newer frontiers of growth were discovered within the continent, and so the cycle of rebellion renewed itself:

> American social development has been continually beginning over again on the frontier. This perennial rebirth, this fluidity of American life, this expansion westward with its new opportunities, its continuous touch with the simplicity of American society, furnish the forces dominating American character (Turner, 1920, pp. 2-3).

This restlessness of frontier expansion becomes symbolic in its cultural context. It might be expressed overtly as an exile to the wilderness, but its force could also be felt in later times as expatriates went to the Left Bank, or Bohemians went "on the road," or as the hallucinogenic rebels explored the wilderness within. Yet, it is this process of escape and motion toward the uncertain that forms a basic dynamic in American cultural radicalism.

Cultural radicalism is a consistent process in American society. It is the deepest expression of the doctrine of individualism and self-determination. It finds its culmination in a community, often isolated and withdrawn from the mainstream of culture. In this section, we will consider three main expressions of this tendency in the early communal movement, the Transcendentalists and modern Bohemianism.

The Communal Movement

During the period from roughtly 1730 to 1860 hundreds of communal ventures were started in the United States. At first, most of the communes were religious sects which sought in isolation the perfection of individuals and society. Later, the dominant motif of communes became socialistic to offset the evils of industrialism and capitalism. While both phases had distinctly unique ideologies, they shared a general sense that the world of mainstream culture was sinful and decadent. Only through isolation and communal insulation could they save themselves and serve as seeds from which a new and better order could grow.

Yet, all of the communes were intimately linked to the larger society which catalyzed the utopian ferment. It was the mood of society at large which created the utopian ambience. The sense of freedom and experimentation in American culture created a feeling of optimism in the utopian communities. The communal movement represented a halfway solution to the larger societal problems of economics, freedom and spirituality. The utopians rejected overt revolution or radical subversion, and resolved the social dilemma by the creation of experimental communities that would point to the path of perfection for the rest of society to follow. The communes were thus part of a millennial and democratic fervor that overtook the young nation, and were a search to express freedom in a closed society. As Arthur Bestor has observed of communal ideology (1970, p. 16):

> Its faith that men can remake their institutions by reasoned choice evoked natural response in the United States, whose people believed they had done this very thing in their constitution making. The communitarian belief in social harmony as opposed to class warfare was certainly the prevalent hope of Americans generally. The communitarian emphasis upon voluntary action met exactly the American conception of freedom. The experimental aspect of communitarianism found ready echo in a nation of experimenters.

Thus, communes were a cultural solution to problems of politics and freedom, based on values from the larger society.

Religious Communes

The religious communes which began in the 1700's were composed of both indigenous settlers and immigrants whose unusual beliefs and life styles often made them unwelcome in the mainstream society. Many communes formed by immigrants found their roots in European oppression. The Rappites, founded in Germany by George Rapp in the late 1700's, attempted to reform the Lutheran Church; when they incurred the punishment of the civil and religious authorities, they left Germany for America. Ann Lee, organizer of the Shakers, believed that violent agitations of the body were revelations of the divine. When this doctrine resulted in her imprisonment and persecution by the English government, she and her followers left for America. In a search for religious tolerance, America's promise of freedom acted like a magnet to pull the immigrants away from persecution toward liberation.

The religious utopians were infected with a millennial faith and a reverence for the radical primitivism of the early Christians. A belief that the millennium was at hand and that Christ's second coming was imminent tinged the communalists with a sense of urgency to perfect themselves and society for heaven on earth. In their view, society at large was evil, sinful, and debauched and was an inadequate organization to receive the perfectionist regeneration of the millennium. In the throes of this apocalypse, the believers felt they must withdraw and realize utopia in isolation. The religious communes premised their beliefs upon a literal interpretation of the Bible, which was used to justify their experiments. They rejected all existing social and religious hierarchies and theological dogmas, and found in the Bible a complete guide for action. Their model was the primitive Christian who left society to live in purity and simplicity (Tyler, 1962, pp. 109-110).

This millennial fervor helps to explain many of the unusual practices of the religious communitarians. Because many of the peasants who immigrated were poor, adoption of economic communism became a necessity. Yet, the leaders used the Bible and the experience of the early Christians to rationalize this communism into a life-style that fulfilled the divine command. In the Amana colony, high rents in Germany drove the settlers to America, where, to purchase land, it became a necessity to pool resources and hold property in common. Yet, once established, the community of goods could not be so easily given up. Amana's leaders received revelation after revelation that affirmed the holiness of communism.

The adoption by many communes of celibacy also arose from their radical religious faith. Celibacy not only reflected the monastic sexuality of Christ, but it represented the moral discipline and spiritual purity that were prerequisites for establishing the kingdom of heaven on earth. The Shakers adopted celibacy, because sexuality was regarded as a manifestation of the devilish and sensual state of degenerate society. In addition, they believed that since the millennium was at hand, there was no further need for propagating the human race.

Because many communes maintained a harsh dichotomy between the utopian world of spiritual perfection and the earthly world of material society, special phrases were used to emphasize the unique identity of the group. The Oneida community called its members Saints, and the Shakers were the Society of Believers. In their view, the rest of the world were outsiders and were barred from entry into the utopian Eden. This negative conception of the outside world, backed by religious conviction, was a major factor in the successful communes, while unsucessful communes tended to shy away from a harsh delineation between the commune and the world (Kanter, 1972, p. 84). In addition, the sense of separateness tended to promote experimentation in life-styles. Since the utopians were different from the rest of society, values tended to be unique and the life-style became a visible expression of their apartness. Vegetarianism, new styles of attire, and equality between the sexes became symbols of their exclusion from the mainstream society.

The religious communes were heavily dependent upon a strong leadership to maintain stability and continuance of the experiment. In this millennial fervor, the strong leader was obliged to possess charisma and the miraculous powers of a demi-god. Often when the strong leader lost interest in the venture or died, the commune could not survive. George Rapp had a magical, charismatic personality which held the community of Harmony in virtual dictatorship. He preached sermons, heard confessions and was the arbiter of communal moral standards. When he died, membership gradually dissolved because the magnetic focus of utopian purpose was no longer there. Jemina Wilkinson, founder of the New Jerusalem commune in New York, convinced her followers she was a reincarnated being who had been resurrected from the dead. It was believed that she could perform miracles, heal and relate prophecies. When she died and failed to be resurrected for a second time, no personality was strong enough to succeed her; she was the commune and thus membership and property were dissolved.

Socialistic Communes

With the growing secularization of life in the 1800's the communal movement underwent a subtle shift in emphasis. The religiously-oriented sense of the disintegration of society now was transformed into a secular belief in the apocalypse. The growth of industrialism was turning the world into an evil, material environment of destruction. The new secular utopians believed that capitalism had produced a world of hateful men and selfish money grubbers. People became insecure and alienated from their society. The utopians argued that if this evil environment could be transformed, then man would again have the opportunity to be good, brotherly and unselfish. To realize this, they believed that communitarian groups should create small experimental microcosms of social and economic perfection to provide a model for the rest of society to follow (Gide, 1930, p. 122).

Yet the transition from the sacred to the secular was incomplete. The socialistically-oriented utopias were still filled with the spirit of holy perfectionism. The world, at least in its present state, remained a moral evil. Only a revolution of the spirit through community could allow man to realize salvation.

But the belief in redemptive perfection was still becoming more earthly. The appeals of moral perfection and religious utopia were directed toward secular programs of reform. Frances Wright's community of Nashoba was designed as a refuge for slaves who wished to work toward the purchase of their freedom. The transcendental community of Brook Farm placed a great emphasis upon reforms in education and an experimental school as a means of secular salvation.

Robert Owen and Charles Fourier were the two major figures in the period of the secularization of communes. Owen was a rich Scottish industrialist who had established a model factory in New Lankark that provided many humanitarian benefits for the workers, such as shorter working hours, kindergarten schools and fair wages. But Owen wished to extend this perfectionism to society at large. Believing that man was a product of the environment, Owen proposed completely new surroundings to create a new individual. He at first proposed establishing a small community of 1200 people, mostly composed of the poor and unemployed, in small units of villages, to be self sufficient through farming and local crafts. But then he extended the principle to all the world; his system would be the salvation of industrial misery and would embrace all classes in a cooperative hierarchy of villages. Thus, Owen's major purposes were social, not economic. He wished to bring a rational society into being which would promote welfare and education (Bestor, 1970, pp. 72-78).

In 1825, he came to America to implement his utopia. He purchased the old Rappite commune of Harmony, Indiana, and renamed it New Harmony. Owen created a temporary constitution that recognized him as sole proprietor of the enterprise and created a system of labor credits at the public store. Yet after nine months, Owen abandoned the cooperative proprietorship and turned New Harmony into a communistic system. Dissension immediately arose over the issue of communism, and factions split off to form their own communal ventures. Part of Owen's difficulty lay in his unselective process of admission; dreamers and intellectuals were preponderant, and were more interested in factional theorizing than hard work or community. In addition, Owen had made poor preparation. Overcrowding was rampant. He could not find enough skilled craftsmen to keep the community orderly and productive. As a result of these influences, consumption of goods greatly exceeded production. Thus, by 1827, America's first experiment with socialism on a European model had failed.

The wave of enthusiasm for Owenite communities paved the way of acceptance for Charles Fourier's theories of utopia. Born in France in 1772, Fourier, like Owen, believed that the environment determined character. To recreate the natural harmony disturbed by industry and society, Fourier proposed a complex agricultural community called a Phalanx, covering an area of three square miles. At the center of it would be the Phalanstery, which was a vast three story building that would provide all of the members' basic and recreational needs. The Phalanx was to be a cooperative venture, however, profits would be distributed capitalistically based on labor and the size of the initial contribution. Although this utopia was detached from the rest of society, Fourier believed that the system of Phalanxes would spread over the earth and finally unite the world in brotherhood (Holloway, 1951, pp. 136-137).

The implementation of the Phalanx during the 1840's in America was very fragmentary. Only three Phalanxes were moderate successes, and only one, the North American Phalanx, survived more than ten years. In part, the failure was due to a lack of funds and to improper planning. Fourier had envisioned a thoroughly worked-out system of community, ably financed and with common group interests. But most American phalanxes were poorly located, inadequately financed and unable to bind the members in a communal spirit. At a deeper level, the problem was that the *zeitgeist* of radical democracy in the 1840's was giving way to an atmosphere of realism in the 1850's which sapped the utopian enthusiasm in many ways.

The most interesting and successful of the secular communes was the Oneida community founded by John Humphrey Noyes in the 1840's. The success of the commune may be attributed to Noyes' insistence upon accommodation to both the spiritual and economic ideals of utopianism. Noyes believed that socialism could not exist without a religious base to bind the members' loyalties. This fusion of religion and economics, together with Noyes' leadership abilities, ignored by the Owenites and the Fourierists, perhaps accounts for the longevity of Oneida.

Noyes created his own sect called the Perfectionists. He believed it was possible for man to fulfill himself on earth and create paradise. Noyes rejected the concept of original sin and its accompanying weight of guilt, because it was this illusionary sinful depravity that prevented man from perfecting himself. This freedom from guilt allowed Noyes to experiment with moral values. He created at Oneida the doctrine of complex marriage, which was essentially free love in a group marriage. Noyes argued that people should be free to choose their sexual partners for an indeterminate amount of time, to prevent the usual onset of monotony and boredom that plagued ordinary marital relationships. The complex marriage was carefully regulated by the community, and most observers agreed that it was a vital factor in maintaining communitarian bonds.

Another innovation in the Oneida community was the practice of "mutual criticism." One member of the community burdened with a moral problem of personal guilt would meet with a select committee that represented the community. The member sat in silence while the group enumerated the faults and merits of the person and concluded with specific reproofs and practical advice for improved conduct. Noyes' mututal criticism was a primitive form of psychotherapy and even "cured" psychosomatic illnesses. Its importance as a bond of community was crucial, for it allowed for individual dissent within a group context.

Economically, Oneida was outstandingly successful. After pooling their goods in a socialistic corporation, the group struggled at first but then became very prosperous through the manufacture of fur traps and other items of high craftsmanship. These profits allowed them to purchase new lands and to establish another commune. Their success allowed them to hire laborers to perform works of drudgery. In addition, money allowed Oneida to move from simplicity to a sophisticated culture. They were tolerant of free inquiry and established a large comprehensive library and discussion groups. They even had an orchestra and sent their children to the best colleges.

Yet, by the 1870's the community's ties began to break. Pressured by local clergy about his free love doctrines, Noyes fled to Canada, and transferred the leadership to his son. But Oneida could not accept the son because he was an agnostic and lived aloof from the community. Factions arose and due to these pressures, the doctrine of complex marriage was abandoned in 1879. Since the doctrine was so central to group solidarity, its removal spelled the end of community. In 1882, the shares of ownership were transferred to a joint stock company and the venture dissolved.

Decline of Communes

The intense phase of communal growth had ended by the 1870's. While a few sects, like the Shakers, survived into the twentieth century, the wave of communalism was essentially dead. Assessing the causes of decline at the most general level, we can attribute the earlier fervor to the wave of antebellum millennial radicalism. The *Zeitgeist* of optimistic, expansive sense of freedom had brought forth the feeling that life was an experiment. But with the onset of the Civil War and its after-effect of weariness, much of this enthusiastic buoyancy waned. The communes were a function of social mood; when the sustaining optimism passed, they declined.

In addition, the environment was changing. The intrusion of the industrial order and consumer products sent waves through the agrarian utopias. How should they relate to change? The commune became an island surrounded by industrial society. If new goods and life styles were introduced, it worked to the detriment of communal integrity and commitment. Original schemes became diluted and outside influences eroded the communal ideal.

A sociologist, Rosabeth Kanter (1972), argues that this problem of two pulls of communal loyalty is at bottom the conflict between *Gemeinschaft* and *Gesellschaft*. The *Gemeinschaft* aspects of the utopian communities consisted of the emotional, personal, and loving values that support community. *Gesellschaft* aspects of community are the reality-oriented tasks that enable the group to survive, such as the production and exchange of goods. Kanter contends that many nineteenth century communes moved away from community values to *Gesellschaft*. The result was that the community's quest for worldly success interfered with its internal values of communal harmony. This change meant the end of community and its transformation into a specialized organization. The two notorious examples are Oneida and the Amana colony. Oneida became a silverware firm, losing its community, and Amana followed the same process in its production of refrigerators. By being pulled into the larger world which they had at first forsaken, the communes lost much of their internal stability and ideological cohesion (Kanter, 1972, pp. 148-153). The cycle of withdrawal and return had been fulfilled.

IV. TRANSCENDENTALISM

The New England Transcendental movement represented the fruition of a native *zietgeist* that touched many aspects of American culture from social reform to literature. Centered in Concord, Massachusetts, during the period of 1835-1850, transcendentalism was the philosophic creation of a small elite of intellectuals and dreamers who revolted from the ironclad values of Calvinism and materialism. The transcendentalists attacked the gods of convention and offered in their place a pantheism congruent with the American Eden, and an idealism that touched the mystical roots of individualism. Yet if it had been solely a philosophic movement, its importance to contemporary counter-cultural movements would be minimal. The transcendentalists' nexus with contemporary rebellions lies in their critique of American culture and the solutions they proposed. The same social questions that beseiged later rebels and bohemians were faced squarely a century earlier. The destruction of the land; the loss of self in conformity, and the diabolical lust for monetary rewards drove the transcendentalists to find channels of liberation very similar to contemporary rebels' paradises. Isolation, communes and a mystical religious outlook became key features of the transcendental revolt. It is through this experimental core of anarchic individualism that the transcendental movement is linked to the future expression of counter-institutional revolt.

Ralph Waldo Emerson

In the 1830's, Ralph Waldo Emerson "dropped out" from the Unitarian ministry to find God and wisdom through isolation and meditation. His meditations, appearing in the form of essays, were the philosophic core of the Concord movement.

Emerson's philosophy represents the first native expression of a radical concept for self. It consisted of the adoration of nature, which proceeded from democratic assumptions and arrived at a primitive vision of man and his world that was free of custom and social mores. The key concept in this system was nature. To Emerson, nature was much more than the physical environment, for it represented a spiritual world also. Nature was the realm of unchanging essences and absolutes that manifested themselves in the physical world of appearance. Emerson and his followers worshipped nature because its material form was only a symbol of the invisible order and universal laws that lay behind it. One went to nature, to the wilderness, not only to enjoy its beauty and serenity, but to discover in its visible appearance the unseen realm which it intimated. In this sanctification of the land, Emerson had fused romanticism and the American cult of Eden into a mystic system of pantheism and isolated meditation.

Emerson argued that it was through the consciousness of man which mediated nature and the realm of absolutes that the essential unity of the cosmos was realized. Man's understanding of the bond between the material and the spiritual was the only means to achieve a mystic wholeness which created transcendence. In this identity between man, world, and spirit, the self became synonymous with the universe itself. The world flowed outward from an invisible center of spirit contained within the individual (Emerson, 1950, p. 89). By an act of irrational intuition, man became his world and the cosmos became man.

However paradoxical this system may appear, it was the springboard for the leap into a radical conception of the self that would ignite Thoreau and others in the transcendental movement. In effect, Emerson had deified man and had placed an extraordinary emphasis upon the identity of self and the Absolute. The mystic assertion of individualism produced men who believed that their own powers of transformation were above the control of human institutions. Emerson had fused the democratic sense of the free individual with a concept of self that suggested a new importance for the individual in America. It was from these roots that an archaic conception of self developed which opened the way to an articulate comprehension of the importance of rebellion and cultural withdrawal as a means of liberation from an immoral society.

Emerson's emphasis upon the self was absolute and unyielding to social restraints — "whoso would be a man, must be a nonconformist (Emerson, 1950, p. 148)." Emerson believed that man must be self-reliant; to be dependent upon society, government or material possessions only weakened the inner strength of the individual. Man creates his world, his society, from within; the laws that he obeys are the words of his inner conscience. This viewpoint implied a rejection of the authority of external institutions and their values. For America of the 1840's, this refusal to submit to social control was the negation of the material greed and exploitation that seemed to promise the destruction of the American dream. To counteract this, he proposed solitude and withdrawal to reunite self and world — "Build therefore your own world. As fast as you conform your life to the pure idea in your mind, that [idea] will unfold its great proportions (Emerson, 1950, p. 42)." Thus intuition and the inner voice became more important than the common sense world of society. Even if the world calls these solitary individuals insane or contradictory, they must persist in their quest for the spirit within (Emerson, 1950, p. 94):

> It is a sign of our times . . . that many intelligent and religious persons withdraw themselves from the common labors and competitions of the market and the caucus, and betake themselves to a certain solitary and critical way of living. . . . They hold themselves aloof: they feel the disproportion between their faculties and the work offered them, and they prefer to ramble in the country and perish of ennui. . . . They are striking work, and crying out for something worthy to do!

Obviously, the overtones of Emerson's system were prophetic. His description of the aimlessness of American life and his prescription of withdrawal touch the core of later rebellions.

However, Emerson was a thinker and an eminently unpractical man. His activity was thinking, not doing. It would take the more practical members of the transcendental circle to translate his words into a life style.

Henry David Thoreau

Thoreau was the disciple who took the Emersonian doctrines and attempted to live by them. Thoreau absorbed the abstract absolutes of Emerson and made them viable by testing through experience the premises of unbridled individualism. It was this "Do It!" attitude that made Thoreau so important a figure in the historical tradition of heroic self-assertion.

On July 4, 1845, Thoreau began his two-year stay at Walden Pond. Cynically aloof and indifferent to employment, his hermit's solace at Walden offered a solution to the rampant materialism and strangulating conformity of his day. Thoreau's answer to the social catastrophe was an exaltation of the ego as the true path of cosmic liberation. Reform began from within. Thoreau rejected the group and mass politics approach to social change and celebrated the reform of the self as the only enduring means to change the world. If one changed his personal values and consciousness, then the world itself would be reformed and transformed. Thoreau's solution was an extension of transcendental self-reliance, but he arrived at a radical image of the ego that was obedient to higher laws of conduct that sprang from the wisdom of the inner self:

> Nay, be a Columbus to whole new continents and worlds within you, opening new channels, not of trade, but of thought. Every man is the lord of a realm beside which the earthly empire of the Czar is but a petty state. (Thoreau, 1950, p. 286)

His successful stay at Walden proved that the exploration of inner space and consciousness transformation was a valid means of social transformation.

Walden was equally an experiment in simplicity. By going there, Thoreau wanted to strip civilization of its facades of sophistication and find the underlying essence beneath the world of appearances. As he progressed upon this mystic path of negation, he discovered that everyday social values had less and less importance to the world within. The frantic rush of his countrymen for wealth, prestige and imperialistic exploitation became a sham of illusion and immorality; they had neglected the tranquility and non-doing of meditation and silence before nature which brought the more important wealth of contentment and wisdom. These individuals were no longer masters of their fate; they had so complicated the world with the empty platitudes of wealth and progress that they had lost control of themselves. "We do not ride upon the railroad, it rides upon us (Thoreau, 1950, p. 83)." To regain the promise of personal freedom, the liberty originally intended in the spirit of America, Thoreau proposed that, first, man should not attach himself to the institutions of the state. For it was the constant interference of these institutions, demanding loyalty and self-denying obedience, that made society so desperate and intolerant of the creative faculties of man. The individual's loyalty should be only to himself; the institutions merely created a prison of repression around freedom.

Thoreau's answer to this bogus system of civilized controls was the celebration of wilderness and primitivism. He exalted the primeval situation where man was forced to live by his instincts and cherish his environment. He respected the Indian who lived in sacred contact with nature and who celebrated the simplicity of an organic harmony of man and world. Wilderness brought out the sacredness of the bond between the uncluttered natural environment and the simple, instinctual and unrepressed individual. As one opened himself to the wilderness without and within, nature "spoke" and revealed the intuitive laws of the cosmic self. The result was primeval simplicity which ironically convoluted civilized values and returned man to a vision of innocence. Thoreau wrote (Thoreau, 1950, p. 288):

> In proportion as he simplifies his life, the laws of the universe will appear to be less complex, and solitude will not be solitude, nor poverty poverty, nor weakness weakness. If you have built castles in the air, your work need not be lost; that is where they should be. Now put the foundations under them.

Thoreau's influence upon later generations of rebels cannot be underestimated. In his quest for an instinctual and irrational self free of the impositions of society, Thoreau had established a personal model of comparison by which the unfettered individual could measure the heroic dimensions of cultural radicalism.

Brook Farm

The emphasis of the transcendentalist upon the individual should not obscure their accompanying acceptance of community as the means which allowed the fullest expression of personal growth through group solidarity. While many members rejected the American community at large, they did not deny the necessity for those with utopian visions to erect a self-contained society.

The founding of the utopian experiment of Brook Farm in 1841 was the culmination of this quest. Brook Farm was the product of the transcendental fervor to exalt the self and at the same time unite the individual with others to create a perfect society on earth (Hinds, 1908, p. 256). Its founder, George Ripley, wanted a community where the needs of the spiritual and the material were balanced and complemented each other. Ripley believed it possible to create a situation where the working self and thinking self could exist in harmony. Labor on the farm was adapted to the taste and talents of the members. Work allowed the member to live in harmony with nature, while drawing sustenance from the land. But labor also had its spiritual side. This simple economy was designed for the liberation of the individual. Brook Farm was planned to allow each member the utmost freedom from material cares in order to develop himself, culturally and spiritually.

The most significant realization of this goal was in the Brook Farm schools, which were incredibly advanced for their time. There was an infant school for children under six, a primary school and a six-year preparatory course to prepare students for college. Students were expected to work two or more hours per day at manual labor to pay for their board and to promote an acceptance of work as a means to culture. The innovative feature of the schools was in the curriculum and methods of instruction. The system was based upon complete freedom of intercourse between students and faculty. Classes were held informally and geared to students' needs. The hierarchy of teacher above pupil was abandoned; faculty and students shared in the learning experience on equal terms. In addition, the curriculum was a radical departure from the classical model. Drawing classes, botany and agronomy were instituted, for perhaps the first time in American education. Appreciation of classical music was taught. Because of its openness to experimentation and its respect for the individual, the Brook Farm schools were the most fruitful product of the utopia, anticipating advances that would not appear until the twentieth century.

Originally, Brook Farm had been organized as a joint stock company with a para-socialistic organization. But by 1844, the farm had proved to be economically unstable. Due to mounting debts, the members decided to transform the commune into a Fourierist phalanx, with the aim of attracting new members and more finances. But once the plan was implemented, a series of financial and natural disasters destroyed enthusiasm and solvency. As a result, it was decided in 1845 to dissolve Brook Farm. While it had lasted, the utopia had offered a flexibility and degree of innovation that made it a potent expression of the deepest transcendental idealism.

The importance of the Transcendental movement is its response to a rapidly industrializing society. Emerson, Thoreau and others had prophetically understood the implications of the acquisitive ethos that was transforming America. They sought to recover the idea of America which the wave of materialism threatened to engulf. This idea was rooted in a spiritual conception of self and liberty which overturned many of the dominant Western values of rationality and causality. The Transcendentalists' emphasis upon the invisible and exaltation of consciousness change led them into paths antithetical to the consensus of society. They celebrated the irrational, the mystical and the Oriental sense of paradox in an anti-institutional setting. More importantly, the answers that they arrived at were almost archetypes for future Bohemian movements. The belief in art as salvation, the acceptance of non-conformity, the dichotomy of wilderness versus society, the reliance upon self-transformation, and the search for a unique community of the gifted and deviant became dominant motifs in later forms of revolt, such as the Lost Generation and the Beats. The transcendentalists had created a native form of rebellion that became an unstated existential core for the future.

V. BOHEMIANISM

The word "bohemian" originally denoted a gypsy, a nomad in search of the new; but its modern meaning comes from France in the middle of the nineteenth century. The sons of village craftsmen came to the bulging, industrial city of Paris to find that they had to employable skills needed by society. In their frustration and alienation, they revolted from a world that denied them a place. This was not a revolt of politics or violence, for these bohemians were still puritans and sentimentally attached to the bourgeoisie. Rather, they rebelled in the name of merriment. They sat, impoverished and drunk, in the small cafes plotting theoretical utopias, proclaiming the importance of the arts and declaiming the decadent values of the Philistines (Parry, 1960, xxi).

In future years, bohemianism would become more than a mere response to the dislocating effects of industrialism, for it became a complete identity of escape for the middle class. It was a total life-style that offered the opportunity to exile oneself from convention and gentility, and to live in a world of the sensuous and the carefree. The bohemian created a unique world inside himself, and joined with others in community to protect and isolate himself from the invasions of the civilized and the decent.

The appearance of bohemia is intimately related to the social barometer. Lasch suggests that mass society lacks the cohesive influences that create a genuine community; therefore it tends to break up into smaller communities which are relatively autonomous and self-contained (Lasch, 1967, p. 69). Bohemia, whether in Paris, Greenwich Village or the North Beach, is the attempt to build an intimate community to restore dignity to the uniqueness of the individual and warmth to social interactions.

In addition, bohemia is tied to a specific historical situation that repeats itself with cyclic frequency. In a period of relative, yet superficial, social calm a wave of underground ferment and disorientation begins. Generally, the bohemian with avant-garde sensitivity and intellect understands that the social values of his times no longer match the actuality of conditions. In sensing that the outer world's order is breaking down and dissolving into nothing, the bohemian revolts to create a new code of conduct and meaning denied in the chaos of society at large. During the false tranquility of the post-World War I period, the hypocrisy and empty morality of the older generation drove many people of the younger generation into bohemain exile to rediscover themselves. From the confident and complacent serenity of the 1950's, the members of the Beat generation were awakened to the underlying indifference and irrationality of a post-industrial and nuclear bomb-threatened world. In this belief in the breakdown of value and meaning, the image of apocalypse creates a fervent sense of mission for the bohemians, as they search for artistic and communitarian salvation from a world they believe is doomed. In this idealism, immense creative energies are released which often result in a *zeitgeist* such as is found in the literary renaissance of Concord, or in the beat poetry of the fifties. But ultimately the flowering is short-lived; its intensity cannot be sustained. The social mood begins to corrupt the idealism and reality intrudes upon the dream. The Depression, for example, sapped the enthusiasm of the Lost Generation and the spirit of hope turned into despair. Once this process intrudes, the movement dissipates; later it will be reborn.

The Village: Pre-World War I

In the 1900-1917 period, the first large-scale bohemia appeared in Greenwich Village. The causes of its appearance are complex, but traceable to the milieu of the 1890's, when values and order appeared to be disintegrating. The cult of the individual and its corollary doctrines of self-determination and optimism gave way to a wave of industrialism and urbanism that smothered the individual in a society of the mass and in the anonymous self. A sense of confusion and drift reigned. The pace of technological change upset logical certainty. American assurance and confidence gave way to doubt and self-examination (Commager, 1959, p. 43). Writers of the period, like Frank Norris and Theodore Dreiser, could no longer provide easy black and white solutions to social problems. So they shifted the blame to the cosmos; blind forces pushed the individual like a cork on the ocean, and this feeling of drift promised small chance of control and order. In this situation, people believed that the individual counted for little; he was no longer the master of his fate.

Equally important was the breakdown of culture and tradition. The island communities of small-town America, with their rigid morality and sense of democracy, were breaking apart and dissolving into an amorphous urban mass where the old village values could no longer explain reality (Wiebe, 1967, p. 5). This process was reflected in the family situation. The 1890's witnessed a mass discontent by the sons and daughters of the middle class with the world of their parents. Two visions of society were at odds. The children no longer accepted the authority of the parental world. The quest for status, gentility, puritanical morality and wealth could no longer exert effective social control over the community of youth. The division between the generations resulted in a schism of community, where the sense of shared culture and the continuity of tradition fell away (Lasch, 1967, p. 70).

The growth of the pre-war Village was, in large part, a response to this loss of individuality and community. It was geographically isolated in New York City and this insulation offered its members a respite from the perceived social class pressures all around them. Because it was small and intimate, the Village allowed individuals a sense of community which they believed America was rapidly obliterating. Since these bohemians were to some degree alienated from the past and from traditional culture, this feeling of rootlessness and pastlessness spurred them to live in terms of a future that was plastic and open to innovation.

The first symbolic bohemian hero to arise from this environment was Randolph Bourne. Crippled and twisted since childhood, the Village's isolation and easygoing tolerance allowed Bourne to be free of pitying stares. Within this community he was able to write brilliant essays on the upheavals in American society. These writings were prophecies for his generation and guided much of the ideological attack against the hollow values of a mass civilization. Bourne proclaimed youth as the saviour of society. He reduced history to a battle of generations, where youthful reform and innovation were diluted before they were accepted by society. Thus, the ideals of youth are never realized until they become middle-aged. Convention destroys idealism and thus,

> It behooves youth to be not less radical, but even more radical, than it would naturally be. It must be not simply contemporaneous, but a generation ahead of its times, so that when it comes into control of the world, it will be precisely right and coincide with the conditions of the world. (Bourne, 1967, pp. 15-16)

In this advocacy for youthfulness as social salvation, Bourne had proposed cultural solutions for political problems. He proclaimed a radical life-style as the ultimate political statement. When he died in 1918, his suffering and his words became a creed for the Lost Generation. A rebellion of style and personality rather than political violence came to characterize the future bohemian protests.

The pre-war Village also promoted the growth of new ideas. Bohemia's tradition of artistic and intellectual experimentation allowed its members to rebuild the premises of social order. A major focus of this ferment was a weekly *salon* held by the wealthy Mabel Dodge in 1912 and 1913. She invited many of the leading intellectuals and radicals of the day to her home. Issues such as socialism, feminism and psychoanalysis were heatedly debated and explored. Once, the *salon* even held an Indian peyote ceremony. This crystallization of ferment resulted in many new ventures. A socialist newspaper, *The Masses*, was begun and enjoyed a wide following among the radicals. In 1913 the tradition-breaking art work of the Armory Show arose from this spirit. It appeared that a cultural renaissance was brewing that would finally erect a tradition of the new to replace the outworn ideas and values.

But then World War I came. The patriotic fervor whipped up by the government proved to be a fatal blow to the Village, and to radicalism in general. Leading socialists like Eugene Debs were imprisoned. *The Masses* was removed from the newsstands and its contributors were tried under the Sedition Act. Conspicuous individualism was denied and a wave of allegiance and silence took its place. In this reign of terror, the life blood of the Village freedom and tolerance was sapped by the nation.

The Lost Generation

After World War I, a massive sense of alienation arose among youth, intellectuals and artists. They believed that American civilization was botched, or as Ezra Pound expressed it, America was "an old bitch gone in the teeth." And so the disenchanted sought exile: they wanted to create a utopia of the spirit, a place where they were free from the contamination of American values. The lost generation flocked to Greenwich Village, Taos, Chicago, Paris and London to rebuild a world they believed in ruin.

At the core of their disillusion was the calamity of World War I. America, in her innocence, had entered the conflict with high-toned idealism. According to President Wilson, the war was a moral crusade fought to "make the world safe for democracy." Many of the young who joined the army believed naively in this ideal. But reality overturned ideals. The catastrophe of ten million deaths was beyond moral equations. The Versailles Treaty and the diplomatic machinations of the negotiating nations overturned the optimistic moralism and democratic liberalism inherent in the American position. Add to this the almost incomprehensible disorientation and dislocation felt by those men who actually fought in the war, and the climax was a fundamental schism resulting in disillusion. The members of the Lost Generation believed that they had been separated from all of the certainties that had moored pre-war values. The war had cut them off from their past, setting them adrift in the flux of uncertainty.

The situation in America also hastened the process of spiritual exile. The Prohibition Amendment, passed in 1919, appeared to the young to be the symbolic summation of American parochialism and rigidity. Prohibition was a perfect expression of the dogmatic morality and distaste for pleasure that the bohemians believed was the true nature of American society. The word that capsulized this concept was "Puritanism." To the Lost Generation, the nation was run by the Puritans, who were identical with the middle-class. The Puritan mentality determined the acceptable limits of behavior, decided what was proper art, and codified national legislation. The bohemians argued that this rigidity resulted in a serious loss of personal freedom. The equation was obvious. America was not free, she was controlled by Puritans, if a person wished to retain his unique sense of self he would have to look toward another country.

In addition, the Puritan attitude was perceived as linked with the mania for commercialism (Hoffman, 1955, p. 326). Babbit walked hand in hand with Christ. To America of the 1920's, money was a sacred object, the reward of living by the Puritan virtues of thrift and honesty. This desperate haste to acquire goods and to conform to rigid standards of morality in the drive toward success gave the Lost Generation another reason for exile. They believed that the land was in the grip of a massive middle-class totalitarianism that countenanced no deviation from the strict dictates of materialism. America's material fury for acquisition had obliterated the spiritual side of man. The emphasis upon consumerism and on the buying of goods of dubious utility demonstrated the underlying emptiness of commercialism. The insanity of this set of values forced the bohemian to celebrate his own aberrations. As one Village wit said, "Why be an industrial slave when you can be crazy? (Parry, 1960, p. 305)."

Thus, the Lost Generation was alienated from the national community and society in general. As Malcolm Cowley expressed it: "It was lost because it accepted no older guides to conduct and because it had formed a false picture of society. The generation belonged to a period of transition from values already fixed to values that had to be created (Cowley, 1967, p. 9)."

The bohemian's first search was for community. Many flocked to the post-war Village only to find that it had been overrun by Babbits affecting radical behavior. Rents shot skyward and impoverished artists could no longer afford to live there. Some drifted westward, but the most important members of the Lost Generation went to Paris. France not only offered freedom from Puritans and Prohibition, but it had a tradition of rebellion and artistic production which held out the hope of personal creativity and liberation. Alienation had bred an insatiable restlessness to move, to voyage to the land of Somewhere Else, to recover in rarified form what the bohemians had been running away from. Many of the expatriate writers in Paris wrote fondly of the land they had left behind, as if only in exile could they discover what they had lost. The materialism of the nation had spawned expatriation, yet at the same time it had sparked a spiritual patriotism that longed for the simplicity and beauty of America. The writers had discovered a promise buried beneath the tarnished veneer of money and morality.

The search for community was but the superficial covering of a deeper longing the transformation of the personality. The self became the new focus of the lost generation's despair and utopian aspirations. The widespread belief that rationality and morality had corrupted the individual's sense of promise led the bohemians to explore the antitheses of coventional normality. They turned to a substantial body of literature which exalted the irrational in human behavior. During this period, Freud became popular. Although the young did not understand Freud completely, they took the word "repression" and waved it on their banners. America was bad because it repressed the self, they argued. If you want to be free, then you must release the repression that has been falsely imposed on you. The belief that society was repressed led to a loosening of moral standards among the young. There was a challenge to traditional ideas of good and evil. The two qualities of morality and immorality were paradoxically viewed as reflections of the same thing. Sexuality was regarded as a freedom that no longer needed to be protected by Victorian standards of propriety. The carefree lifestyle of the flapper became a model for libertarian female behavior. Feminism and equality of the sexes were accepted as corollaries to the new sense of release from social repression.

The emphasis upon the irrational also led to a consciousness of primitivism and innocence. By questioning the premises of reason, the bohemians enshrined a skeptical attitude toward all certainties of science, religion and art. They were plunged into a chaos of dissolution where new values of primitivism emerged. Anarchy was celebrated; the whims of the private self became more important than the demands of society. The social and political world was viewed as an absurd drama that had little relevance for the sanctified ego. This attitude released primeval energies. Salvation by innocence became an accepted value. The child was raised as a metaphor of liberation; the artists and rebels argued that social pressures crush the child within us all and destroy inherent creativity. To return to a childlike vision and to irrational sensuous living for the moment was a means to regain the simplicity and pleasure of existence.

This emphasis upon nihilism, hedonism and the irrational gave a tentative anchor to the wild expressions of mood of the age and also gave artists a new set of working principles which resulted in a renaissance of high culture. But it was a bohemianism that was closely tied to the social and cultural milieu. Revolts against commercialism and conformity were tied to the general exhaustion of the post war period. Dialectical opposition needs the tension of its enemy to sustain its idealism. But once the Depression broke, differences in life-styles began to melt into an all-embracing sense of loss. The gaiety and carelessness of the twenties disappeared. The rebels began to discard cultural ideals for political causes and class conformity. Economic security became uppermost and the old arguments against materialism seemed empty in those times of crisis. Like the pre-war Village, the invasion of general social crisis broke the insulating bubble of cultural rebellion, shattering the exclusive bohemian community and replacing it with a community of national suffering.

The Beats

The Beat generation is the link between past forms of bohemianism and the counter culture. Spanning the period from roughly 1950-1961, the Beats translated the traditional values of cultural revolt, such as irrationality and hostility to the middle class, into more modern life-styles that were adopted by radicals during the 1960's. The Beats explored a new wilderness and the paths they opened were models for contemporary revolt.

The word "Beat" symbolized two contradictory ideas at once. Beat meant, on one hand, that its members were beaten, they had been flattened, exhausted by a world that had used them and yet was indifferent to their ultimate fate. They were raw, hostile and ready for anything or anyone to salvage the wreck of civilization and self. But at the same time, beat also meant "beatific." The rebels were in search of the ultimate vision that would transform the ugliness of the world into a beatific epiphany. They were as Lawrence Lipton called them, the Holy Barbarians, walking the wasteland of modern society with half-mad eyes, waiting for the ultimate revelation of God. These two extremes of the word "beat" point to the violent oscillations, almost schizoid in intensity, that formed the principles of the beat revolt. To create, it is often necessary to first destroy. The beats were determined to annihilate the self that society had corrupted and then re-create themselves in sanctification and through direct intuition of God and beauty.

The beats were triggered by intensive social forces that no longer appeared reasonable or useful. The atomic bomb stood at the core of their anti-theology, for it represented the ultimate insanity of civilization. The bomb threw the pallor of death and madness over every social gesture. The world was absurd, events and actions were no longer causally linked; society was a conglomerate of paradoxes and juxtapositions that only confused. In addition, the bomb had obliterated the certainty and promise of the future, for the beats believed that tomorrow might never appear. This uncertainty about the future drove the beats to an intensification of the moment. The present, the now, became the hedonistic center for action as the spectre of death hung over everything. So the beats lived fast, in a frantic rush to live and experience as much as possible before it was too late.

The beats were also in touch with the classic underground hostility to commercialism and to the zombie-like Babbits that kept the system of materialism going. In the 1950's the organization man came into full flowering and quickly came to symbolize, for the beats, the mood of the decade. These were the years of the "Silent Generation" and the "Rat Race," which meant that you did your job for the organization, without complaining about your fate. McCarthyism had helped to button the lips of protest and materialism had buttoned the suits of the organization man. The beats believed that this excessive uniformity and intolerance had imprisioned the self and so the dialectics of liberation once more included release from convention. As Harrington notes, "Bohemia could not survive the passing of its polar opposite and precondition, middle-class morality. Free love and all-night drinking and art for art's sake were consequences of a single stern imperative: thou shalt not be bourgeois (Harrington, 1972, p. 99)." This rebellion was thus premised upon the inversion of middle-class values. The beats divided the world into the squares and the hip. The squares lived an orderly, organized and reasonable life. They had buried their fantasies, their Eros, beneath a layer of security and respectability. To be hip meant that the imagination was released from this subjugation of civilization. The beats lived their fantasies and voyaged on the seas of the irrational and primitive. They celebrated euphoria and they broke down the membrane that separated the dream world from reality.

The search for beatitude and pleasure took them to worlds forbidden and taboo to normal society. Escape from the chaos of modernity was often found through drugs such as marijuana, peyote and heroin. Hallucination and time space distortion became more than simply flight from social pressure. Drugs were a means to achieve ecstasy (meaning, literally, to go out of the body) and mystical visions. Like Thoreau, the beats wanted to change inner consciousness and perceptions and thereby transform the external world. Many of the beats studied anthropology and particularly the place of myth and ritual in society. Drugs and many other euphoriant acts were thus viewed as parts of a holy ritual designed to restore the sacred and mythic dimension to an increasingly banal and secularized world. To further release themselves from the grips of reason and social order the beats turned to the East. Many of their apartments were furnished in a poor imitation of Japanese decor. Artists turned to oriental painting and poetry to capture, in simple detail and with burning intensity, the beauty of the moment. Zen was also utilized as a mooring for a new system of logic and religion. Zen's emphasis upon innocence, experience and paradox fitted perfectly with the beat disposition to annihilate the imprisoning world view of the Western world.

In addition, the beats also identified themselves as outcasts and brothers with the downtrodden. They took on many of the qualities of the Blacks' subculture, since both were oppressed by the dominant culture. By dress and appearance, the beats drew the same kind of rage and prejudice that the Blacks had attracted by their color. Many of the beats took voluntary vows of poverty as a means to gain time for personal creativity and to demonstrate solidarity with the millions who had been denied material riches in America. The beats also adopted the Black's jazz music as the language of their soul. Thus, the beats had willed themselves to the fringes of disorder. They were on the borders of the twilight zone where reason melted into chaos and privilege became oppression.

In a prophetic essay titled "The White Negro," Norman Mailer attempted to explain the existential implication of being hip. Mailer believed that, like the Black, the beat was living on the margins of an increasingly totalitarian society which labeled such rebellions as psychotic. Thus the beats' alienation had incurred risks of oppression that former bohemians only had to deal with casually. Rebellion implied the risk of insanity, the possibility that the freedom which the beats stood for would be labeled as dangerous to the state and thus suppressed.

> there has been room already for the development of the antithetical psychopath who extrapolates from his own condition, from the inner certainty that his rebellion is just, a radical vision of the universe which thus separates him from the general ignorance, reactionary prejudice, and self-doubt of the more conventional psychopath. Having converted his unconscious experience into much conscious knowledge the hipster ... is the sophistication of the wise primitive in a giant jungle, and so [its] appeal is beyond civilized man (Mailer, 1959, p. 317)
>
> the strength of the psychopath is that he knows (where most of us can only guess) what is good for him and what is bad for him at exactly those instants when an old crippling habit has become so attacked by experience that the potentiality exists to change it, to replace a negative and empty fear with an outward action, even if the fear is of himself, and the action is to murder. The psychopath murders if he has the courage-out of the necessity to purge his violence, for if he cannot empty his hatred then he cannot love, his being is frozen with implacable self-hatred for his cowardice (Mailer, 1959, p. 320)

It was the beats' voyage to these outer limits of sanity that broke the ground for the massive disaffiliation of ths 1960's. In their willingness to abandon stability for the uncertainty of raw experience the beats offered a path of liberation for the future. In their destruction of the limits of normality and morality, the beats had re-opened channels of possibility which society had increasingly repressed. They had pushed reason to its limits and in this chaos a new life-style had emerged.

It may appear that the beats, like their bohemian predecessors, were a deviant minority that had little relation to the problems of society at large. Their rebellion and violation of social norms *seemed* to go against the American grain. They were so alienated and different from the mainstream that they invited hostility and mockery that distorted their essence. The beats, like later outcast groups, appeared hostile to the American Dream; in fact they appeared almost un-American and subversive. We would argue that the opposite is actually the case. The beats were devoted to the *idea* of America, they were earnestly attempting to restore the radical promise and freedom that were inherent in the American character. One analyst of the beat phenomenon wrote (Cook, 1971, p. 152):

> Theirs was a sort of antimyth, one that turned the idea of America inside out. Instead of American cleanliness, the beats offered dirt; for industry, sloth; and in place of the official, fundamentally Protestant American ethic, they presented their own, a morality with principles but no rules. This was how the beats looked to the world at large. Accepting them it was possible to reject some aspects of American culture, and still retain affection for those qualities of the national character that have always been most appealing: informality, enthusiasm, openness to adventure, and a kind of bold, plainspoken honesty.

Like other cultural and political radicals, the beats suggested that there was a higher loyalty, a spiritual patriotism that transcended the contemporary and embraced the vision of the past and the possibility of the future.

By the early 1960's, the beats were waning. The radical social activism of the civil rights' workers and dawn of campus radicalism had broken the conspiracy of silence that had permeated the 1950's. The beats were part of the spirits of their times, they were withdrawn euphorics who celebrated rebellion in an apolitical manner. The emergence in the 1960's of political protest meant that cultural revolt had been in part abandoned for the larger social questions and in the process the beats' style of indifference and apathy was no longer relevant to the contemporary mood. But by the middle and late 1960's, the beat life-style had re-emerged in altered form. Politics had begotten frustration and a sense of impotence. Radicalism for many people was diverted from the overtly political realm to the cultural realm. Now the beats' explorations of possibility were once again relevant. No longer the property of a small elite, the qualities of the beat rebellion were taken up by a mass movement, the counter-culture (Harrington, 1972, p. 103). The beats' quest for mysticism and madness, the ingestion of hallucinogens, the underground argot (Hippie comes from the beats' word hip) and the pervasive sense of despair and apocalypse became widely shared values of the counter-culture. Bohemia, the tight community of madmen and artists, was dead. Yet in its place had emerged a culture that created on a mass-society scale the principles of elite bohemianism with democratic accessibility.

VI. CONCLUSION

In this essay, I have suggested that many themes and ideologies of rebellion have reappeared with consistency throughout American history and have stimulated many forms of social and political change. Rather than viewing the radicals as deviant or aberrant in national history, we should recognize that their dissatisfaction is an integral, though seldom dominant, part of the conscience and dynamics of the culture. It is this tension between the outsiders and the institutions of social control that has opened many pathways of social transformation and preserved the culture from within.

During the past decade, a new cycle of social unrest began. Beginning with the Blacks' revolt for self-determination, the wave of rebellion spread to the youth and then was disseminated to diverse groups of the populace. Something like the Jacksonian period's new sense of boundlessness and questioning of institutional norms took place, in which the values and authority of science, education, psychology and community were called into question. Analysis of the causes of this upheaval has been prolific and ranges from prophetic proclamations of a "new" culture to cynical declamations of unfulfilled Oedipal urges. In this confusion and amorphousness, we have often forgotten the ties that contemporary rebellion has with similar movements in the past. By extrapolating some characteristics from past cultural revolts to the present situation, we may be able to add some clarity to the contemporary malaise.

Radicals in this society have consistently stressed the distortion of basic ideals by the dominant social institutions. In the tension between institutional control and individual freedom, the friction of opposition begins. The radicals have argued that as this society has become more and more centralized and materialistic, the opportunity for creative self-growth, meaningful human fulfillment and toleration of human uniqueness has steadily declined. The rebellion against the normative pattern of these institutions has often taken the form of an inversion of those values that typify ths culture of the majority. As the dissidents perceived a culture of great uniformity and commercialism, they turned away from it to celebrate a mystical self that was unique and uncontrolled by the decrees of conformity and materialism. While the dominant culture stressed a hard-nosed realism, repression of instinct and a rationally-grounded sensibility, the radicals celebrated an ostentatious deviation from these values. Bizarre life-styles, open eroticism, creative insanity and flux became positive values of rebellion. Stated simply, the greater the belief that the dominant institutions were coldly objective toward people, the greater the rebels' emphasis on subjectivity and the errant self.

These value clusters have remained with rebels today. Their hostility to the majority culture not only rejects materialism and conformity, but goes deeper. The majority culture represents a culture of death. It worships destruction. Beginning with the quintessential symbolism of the nuclear bomb, a small group of leaders holds the key to the immortality of the society. Man, not the gods, holds the scales of life and death. Robert Jay Lifton states that it is no longer possible to imagine biological, theological or cultural posterity; ". . . we are faced with the prospect of being severed from virtually all of our symbolic paths of immortality (Lifton, 1971, p. 24)." In this denial of transcendence and absorption with nihilism, the culture denies life.

The culture of death is not merely a nuclear abstraction, it is a daily facet of existence. Violence, whether on a massive military scale or on an urban street, becomes evermore accelerated in a perverse ritual of release and ecstasy. In more subtle ways, violence and sadistic manipulation permeate the institutions of society and the self-sufficient boundaries of the self are violated and often destroyed. The radicals argue that in the fields of education and psychiatry, for example, subtle methods of master-slave oppression and subjugation of the subjective self to "objective" labels are characteristic of the desire to deny differences in the name of social control. In the schools, the spontaneity and creative self-growth of the students are often suppressed and sublimated into a docile obedience to impersonal standards of performance. In psychology, disturbed patients' symptoms are often bent into a "sickness" which results in the denial of human and legal rights. The radicals believe that people are turned into manipulated objects, whose human qualities are subsumed to an all-embracing "label" of the majority culture. Creative difference or deviation is killed by excessive objectification. In such a culture of death and subtle psychic violence, the vitality of the individual is often destroyed "Man' can no *longer* be defined as what suits the dominant system, when the dominant system apparently does not suit men (Goodman, 1960, p. 9)."

We have then a confrontation between eros and civilization. The radicals have revolted from a pervasive societal repression of creativity and pleasure that "normalizes" community into an objective monolith, employing subjugative standards as a means of manipulation. This rebellion has absorbed many of the symbolic phrases that have characterized earlier political forms of radicalism to suggest that contemporary institutions are not only undemocratic, but inhuman. Liberty, equality, and self-determination become key values in a conflict that crosses the neat fences between politics and culture. The protest to save the self thus focuses much of its rhetoric upon the undemocratic hierarchy of controls that denies equality and basic legal rights. In this revitalized vision of egalitarian man, the rebels in psychiatry, education and communitarianism have often detached themselves from the values of the dominant community to find in isolation and decentralization those principles of democracy that the larger society denies. Thus, salvation lies in the small group, whether it be free school or commune in the attempt to recreate a democratic tolerance and an acceptance of individual differences.

The modern rites of democratic eros assume another important role. We have demonstrated that bohemians in this century have explored and celebrated the irrational side of human behavior. Overt rebellion from what are considered to be middle-class norms of repression and self-denial, has resulted in styles of behavior which, by the standards of the controlling elites, would be labeled deviant or psychopathic. Yet, by the internal logic of the rebels in their sub-society, the *advocacy* of freakiness or chaotic behavioral styles possess an internal logical, albeit irrational, consistency. In the contemporary subculture of radicals, there is a similar acceptance of deviation from social norms. Given the widespread use of consciousness-altering drugs, the externally visible differences in dress and the hostility to many values of the culture of death, aberrant or freakish life-styles have gained a positive value in the subculture. Being different expresses an affirmation of self, which the dominant culture often annihilates. By denying the norms of an oppressive culture's definitions of sanity, the radicals are seeking a condition of transcendence from the dominant society.

Because the contemporary rebellion is a mass movement that touches many levels of societal involvement, the affirmation of deviance and the questioning of the values of cultural sanity has begun to permeate many institutional structures. There is now a widespread challenge of the traditional labels and techniques that have defined the scope of institutional structures. Many dissidents have begun to consider as irrational the behavior of institutions rather than the behavior of individuals. The viewpoint is reversed, and by an ironic twist of logic, in a mad society the deviant might be the most sane. In the social institutions' efforts to maintain equilibrium in the system, disorder often becomes irrationally categorized. As Herbert Marcuse has noted of this illogical categorization, "This language not only defines and condemns the Enemy, it also creates him; and this creation is not the Enemy as he really is but rather as he must be in order to perform his function for the Establishment (Marcuse, 1969, p. 74)." If, as the radicals have argued, these definitions are the inventions of a culture dedicated to oppression and denial of instinct, then a widespread inversion takes place. The culture is itself irrational and the search for sanity and community must take place outside the controls of that culture.

At bottom we suggest that the radical and his long history in this culture are a metaphor of the free individual in their negation of social values and their search for the free self, they have supplied a symbolic affirmation for contemporary society. By breaking with the social norms, they have exiled themselves psychically and often geographically from the culture to find dimensions of self and community denied by the larger society.

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COUNTER CULTURAL ALTERNATIVES TO MODERN INSTITUTIONS

by

Barry Moore

I. INTRODUCTION

Since its beginnings in the 1960's, the wave of radical disaffiliation has been categorized as anything from an irrelevant minority to *the* revolution of the future. What Theodore Roszak meant by the "counter culture" or what Charles Reich intended by "Consciousness III" does not necessarily describe the current state of affairs. What were once symbols of radical discontent, such as long hair or marijuana smoking, are now safely ensconced within the establishment. In this context, searching for common themes, separating the innovative from the imitative or the liberating from the oppressing, becomes difficult.

Like a speeded-up movie, the loose community rapidly dissolves from one scene into another. The labels of yesterday may have little relationship to tomorrow. Yet, however much the values appear protean, many of the original impulses that spawned the counter community have remained. But like a caterpillar, they have undergone a transformation and are reborn in a new form.

Decades seem to pass like centuries today. Within the space of ten years an awesome amount of change has been compressed into a short span of experience. What characterized the early process of radicalism was an oscillation between attempting to change the American system and withdrawing in futility from such an effort. Radicals used such diverse methods as appealing to the conscience of the leaders and throwing fire bombs at institutions. But out of this confusion a fragile culture was emerging. Based upon a "do your thing," love philosophy and united by music and drugs, the counter culture arose to offer an alternative to conventional society. The drop-out phase began to gain greater momentum, fueled by the debacle of political impotence. The withdrawal was characterized by the belief that to change the world one must first change oneself. To find the peace denied by the outside world, go within. In the most idealistic stages of dropping out, the bewildered individual often found himself without a genuine supportive community to solidify his rebellion. Ephemeral Haight-Ashburys or instant communities like Woodstock were not durable answers. In order to get beyond simple idealism, the hard questions of how to build a strong counter community were beginning to be asked. Amidst the righteousness and dreaminess, people realized that a new culture was not going to appear as easily as LSD visions. A strong alternative community would require social structures to anchor it against faddish fluctuation. And to build those structures would require hard work, patience and impoverishment.

During the late 1960's, new alternative institutions were sporadically appearing to replace the outworn forms of American society. This development coincided with a growing discontent with the spurious complexity of urban civilization. The new phase of the counter community was characterized by an effort to find one's roots, which had been obscured by sophistication, and to live in greater harmony with nature. People deserted the cities to form rural communes. Teachers, parents and children, alienated from the public school system, banded together to form small, unsophisticated schools. Many of these early efforts were fragile; lacking commitment and funds they often died. But the drive to establish alternatives remained active. This drive, more than the peace protests, LSD and rock music may prove to be the most enduring contribution of the counter culture.

"Emergent counter institutions" is the name we have given to collective efforts in education, psychology and communalism. The phrase appears contradictory in light of the movement's effort to deinstitutionalize society. Yet the phrase suggests the emergence of viable forms of caring, unconnected to the ideology or finances of the larger culture.

Before describing the counter institutions, it is important to suggest the structural and value affinities they share. For all of the varieties of life styles that the counter institutions reflect, they nevertheless draw from a common ideology.

Central to the ideology is the almost total rejection of the values of American society. Adjustment to American culture represents a near-pathological state of normality. The ligaments of the social corpus have broken apart, collapsing social meaning into isolated events of absurd significance. Peter Marin describes the interiors of this awareness (Marin, 1972, p. 299):

> It is not merely that society has proved imperfect or corrupt; it is, put simply, that 'social reality' seems to have disappeared altogether. What has coherence in the culture or makes sense? In terms of classical Freudian analysis, where once there were obvious, specific causes for confusion, there now seems to be a pervasive sense of loss and rage, a paranoia directed at an entire culture, a sense of having been betrayed by the world itself.

At the heart of their alienation lies the conviction that American society has a will to destruction. It is hostile to life. From the shadow of nuclear annihilation to the genocide and herbocide of the Vietnam War, the expression of American power represents a violent urge to *thanatos*. The depression of the 1930's was solved by the military rearmament of World War II. And it is this massive economy still structured on war, on destruction, that energizes our society today. Violence becomes our gross national product.

The death culture sublimates its will in many forms. Death becomes a slow suicide of accommodation to repression, congestion and pollution (industrial and televised). The natural desires for human intimacy and community are thwarted by the ever-expanding bureaucratic systems (Alexander, 1972, p. 92):

> Organization, impersonality and efficiency are hallmarks of technological society; these are characteristics not of community but its negation. Freed from necessity man is freed as well from community. Instead of an organic community of which he is a part, he is now faced with the system, an entity from which he is alienated but which demands conformity.

Individuals are trapped in an increasing powerlessness; no one is to blame and no one can escape. Psychic numbness results from a social reality that deadens experience and reduces humanness.

One consequence of the death culture's social alientation is that immense stress is placed on the family.

In the absence of an organic society, the family becomes the community. During the Middle Ages and Renaissance, man defined himself in terms of his group, his community. But with the advent of industrial society with its impersonality, mechanization and anomie, the individual has fled these artificial institutions in the attempt to escape a confusing society. The family becomes critical as a shelter from the world and as a place to fulfill desires denied by an atomistic community. Yet, this fragmentation of community has placed serious strains on the nuclear family. It bears all the tensions of a concentrated microcosm and places its members in a claustrophobic situation. Negative emotions like jealousy and possessiveness often replace genuine affection, as the individual strives for security and stability at any cost (Melville, 1972, pp. 174-178).

But it is not only the family that is threatened by the relentlessness of the death culture. The underlying drives must also be considered. Much of American society runs on a current of fear. People must learn how to feel threatened to be normalized. Fear is good for business, and what is good for business is good for America. The threat of a contrary political ideology keeps a large segment of the economy productive. Fear creeps in in devious ways. As Jules Henry expressed it: "*To be successful in our culture one must learn to dream of failure* (1963, p. 296)." For the fear of defeat and of loss of status prods individuals to a furious pace of competition, which pits individual against individual and weakens social harmony. The result of this fear is an over-emphasis upon order and control. Conformity and obedience become characteristic of the well-adjusted personality. Americans become afraid to express their true inner needs, for fear they will produce disorder and thereby violate the delicate fortress of stabilized sameness.

In the *Pursuit of Loneliness*, Philip Slater discusses at length this fearful repression in American manners. He argues that the mainstream culture is based upon bogus scarcity assumptions. The individual is led to believe that gratifications are hard to obtain, and becomes fearful that he will be denied access to the cornucopia. Thus, people chain themselves to jobs and to marriages, building expectancies that can never be gratified. The attempt to gain simple, direct gratification in personal ways is severely punished. Pleasure is made scarce by making it illegal (Slater, 1970, pp. 88-91). The alliance of fear and scarcity in the culture contributes to a society that is frightened to express its needs openly.

At another level, the social institutional process, in American society, fragments experience. The individual is increasingly alienated from his world by a social and intellectual process that fosters detachment. Feelings, pleasures are denied intellectually. The thinking self is disassociated from the body.

Part of this alienation is due to the technocratic cult of objectivity. The scientific and educational process implies that the further an object is removed from the subjective biases of the observer, the more knowledge about it can be obtained. Yet, the belief that meaning can be separated from the self results in a severe alienation, as man makes meaning go away from himself, turning the world into an objective "thing." And so another chasm arises to break the harmony of the self and the world.

In addition, the detachment of self and world enters the social sphere. People raised in this culture accept a value of individualism which often runs counter to the search for authentic community.

> The belief that everyone should pursue autonomously his own destiny has forced us to maintain an emotional detachment (for which no amount of superficial gregariousness can compensate) from our social and physical environment. (Slater, 1970, p. 25)

The split between the self and reality takes a final tragic form. (In the companion paper to this paper, I discuss the troubling conflict between the ideal and the real in America.) Americans are taught to believe in social myths that veil social truths. They are told that the culture is democratic, egalitarian, tolerant, loving, unelitist and upwardly mobile. That the reality contradicts this description is generally overlooked. Yes, we have poverty, discontent and wars, but that does not mean, we are told, that the American Dream is a nightmare. This refusal to confront reality for what it is — a contradiction — results in a nation that alienates itself from the present and resigns itself to the outmoded value system of the past. We are not only separated from our world, we refuse to look at it realistically, we are alienated from the present. As Sam Keen described it (1970, p. 21):

> The exile's past is quickly changed into a myth, a reverenced tradition, a set of authoritative models which serve to remove the burden of responsible decision from the present moment. When I depend upon the past for my dignity or for the models of the life style I will adopt, I become dissociated from my present. Memory rather than awareness becomes the basis of my identity.

• • • • •

Admittedly the analysis is brief but it represents some of the basic beliefs of those alienated from a mad social system. The lack of community, the death culture and the split of self and world are underlying reasons for the widespread exodus from American society.

Because of disenchantment with radical politics and impatience with the slow pace of reform in social institutions, many youths have moved toward a roll-up-your-sleeves, do-it-on-your-own approach to create the beginnings of a new culture. The revolution still goes on, but no longer in peace marches and political confrontations; the goals are in a new form — the community (Melville, 1972, p. 78).

> The communal strategy is a reaction against a theory of revolution that deals in political and economic categories that bear no relationship to everyday life. The only goal of revolution is the liberation of daily life . . .

This aim is pursued in physical and psychological isolation from America. Through a removed, small group the counter-communalists attempt to reconstruct the internal and external environment.

Space. Being "spaced out" gives one removal. A farm is space. Distance between the old and the new world. It is the search for space, in the mind and in the world, that brings the members of the counter community together. The movement is struggling to escape cultural claustrophobia and regain an equilibrium with space that is both cosmic and social in scope.

The ability to create space for this consciousness transformation within a group situation is the basic goal of the counter institutions. The first step is negation. Denial of the dominant culture and the rules and values which throw a psychological net over individuals.

This questioning is central to the overthrow of the old system, which has been internalized inside the mind. Counter-communitarians believe that America has erected a behavioral prison around the individual, exacting a fearful degree of conformity. Those who do not fit the patterns of normality are faced with subtle and overt threats. Yet, if America is a mad society, then how valid are its definitions of deviance? As R. D. Laing once asked, who is the most mad — the patient in a state hospital who believes he has an atomic bomb in his head or the world leaders who can press the nuclear button? Becoming phenomenological, the communalists say that the rules of the game are not absolutes, but working principles of oppression.

The person who sees as real what the culture defines as unreal could be locked up in a state institution. The student who is bored by apathetic teachers and fails to attend school is faced with punitive categorization as delinquent or retarded. To escape these artificial tags of identity, the counter communities have attempted to build open situations where the individual is free to be. As long as the individual respects the rights of others, he can be what he chooses. Where the old culture often subsumed personality to an all embracing label which denied the hidden aspects of the self, the communalists adopt a tolerant view toward what the old culture sees as deviance: "[It] assumes that if I know you steal or take dope or peddle your ass, that is all I *know*. There may be more to know, then again there may be nothing. The deviant may be perfectly decent in every other respect (Becker & Horowitz, 1970, p. 14)."

Yet, the negation of definitions is but the first step toward a set of social affirmations. New social bonds are created to bridge the transition to a different world of behavior.

To dissolve the grip of the spurious culture, the counter communards have placed great emphasis on simplicity and primitivism as counter values. They have stripped society of its tarnished veneer to seek the underlying meaning of life that restores wholeness. The movement brims with a nostalgia for wilderness, the simple life and honesty in relationships. To some it might seem that this nostalgia is an escape from the responsibilities of the present. But the search for simplicity is an effort to recover stability in a society that is rootless and ephemeral:

> The fact that young people are looking backward does not mean that they are trying to go back in time — on the contrary, the tactic of looking backward probably represents the wave of the future. The recognition that time goes on does not entail the attempt to deliberately sever oneself from the past; indeed, it is this repudiation of the past that causes future shock, not the oncoming future (Kaufman, 1972, p. 75).

Much of this new primitivism stresses the reestablishment of organic harmony between the self and world, and the individual and community. It looks at nature as the ground of being, and complex institutionalization as an artificial imposition upon that purity. Nature stands for not only the environment, but it also represents unfettered human nature, freedom, the wonder of a child and living in harmony with natural rhythms. To avoid the alienating fragmentation of the old culture, the insurgents seek new bonds to unite them with this encompassing vision of nature. Feeling and sensitivity to the body are stressed to undo the polarization between mind and body. Mystical and occult philosophies have arisen in an effort to reunite alienated man with the universe.

Socially, this drive toward harmony is found in the search for community. The communal impulse is central to the new counter institutions. Whether it is the total society of the commune or simply a consciousness-raising group, the drive is to re-establish authentic social bonds. The primary bond that is emphasized is sharing (Fairfield, 1972, p. 1). A return to a tribal intimacy and awareness, the ability to share with others in an open and honest manner, becomes the test of group stability. The group, whether commune or free school, attempts to awaken a tribal consciousness in the individual. Furthermore, the counter-institutional group represents the establishment of an extended family. The narrow role choice and selfishness of the nuclear family is disavowed and the responsibility of group-sharing and intimacy is part of the belief in the group as family.

Another factor in the tribal awareness is the deliberate attempt to minimize social roles. "[C]*ommunal societies specifically reject the concert of hierarchy or gradations of social status as unnecessary to the social order* (Roberts, 1971, p. 10)." Every task is equal and social roles are often interchangeable. In a commune, chopping wood is equal to cleaning the house. In a free school, the false distinctions between teacher and learner are often abandoned to decrease social distance.

In addition, there is the effort to demystify the myth of competence and professionalization. The counter institutions represent the democratizing of caring, reducing the need for professional "careers," like teachers of therapists. As Ray Mungo put it, "We are our own shrinks, you know, because we see each other all the time and know the score . . . (1971, p. 109)."

In this paper, I will examine four phases of what I call the counter environment, a new system of beliefs and counter institutions to care for people. I have divided this study into four areas — education, therapy, health care and utopias — but this is simply a convenience. For in the counter environment, the group experience breaks down artificial barriers that separate function from life. There is an intermeshing of tasks. The counter environment, whether a commune or a women's lib group, represents a situation that is at once therapeutic, utopian and educational.

II. FREE SCHOOLS

A free school is a place where kids of all ages and sizes jump out of the bus and burst in the door (this is a free *day* school) yelling "hurray!" and they drop their lunches anywhere and drop their coats on the floor, or else keep them on all day and immediately start their play or work whether or not the teachers are there yet.

Diane Cabarga
Monmouth Modern Day School
24 Union Hill Road
Morgantown, New Jersey 07751

A free school is not a school. It is an attitude of an individual or group to pursue that which interests them. It is not an institution, but rather a noncompulsory environment, filled with a growing concern for manking through self-revelation.

Bill Browkaw

A free school is a way of learning yourself into the possibilities of other learning. It is personally systematized and includes all those who make themselves available in a shared enterprise. Its organizational life is at the service of its human associations.

Hal Lenke
Box 143
Clifton Forge, Virginia 24422

I prefer the term organic schools. Organic implies a unity: the recognition that learning cannot be distinct from the living of one's life is both the point of coherence of the new, organic schools and the point of departure from authoritarian schools.

Brian Neilson
809 Spring Drive
Mill Valley, California 94941

Once it is accepted, a definition fixes boundaries. It hinders the perception of change and the possibility for change and the courage and desire for change. Growth is an important kind of change and the essence of living.

A free school is where and when defining takes place and definitions keep on taking place.

Lisa Sarasohn
Box 3661
Brown University
Providence, Rhode Island 02912

Free school implies a re-entering or a remaining in a space atmosphere — in one's childhood: A kind of difficult and really enviable thing to do.

Living is a free school. Not necessarily vice-versa.

J. Nicolait
New Schools Exchange
Santa Barbara, California

(Taken from *New Schools Exchange Newsletter*, No. 60, pp. 5-6.)

* * * *

Like the communes, the free school movement resists easy categorization. In principle, it is anarchic. The free school movement stems from a tradition that supports the independence of the student and the autonomy of each school. It resists a rigid ideological posture that might turn the movement away from decentralization toward a para-institutional network. Its function is to provide an alternative to the institutional control of education, through decentralized units.

In one sense, the free school movement is a direct out-growth of the counter culture ferment. In fact, most free schools are new; the majority have appeared since 1969. The majority of these schools are built upon the values that have characterized counter culture affirmations. But this view is only partly true, for the free schools equally stem from a long historical and radical tradition that includes the work of people like Rousseau, Dewey, Neill, Reich, and Perls.

The first question is defining what constitutes a free school. If we employ the criteria which will be used for communes and radical therapy, we run into problems. To say that a counter institution is one that is detached from the institutional system of America and independent of its financial support often does not apply to the free schools. Many free schools receive funds from the federal and municipal governments, in addition to grants from corporate foundations. Institutionally, while free schools are independent of the public schools, they still must make many accommodations to meet requirements placed on all educational establishments. The school's building is subject to building and fire codes. Most schools must comply with requirements of the State Boards of Education, which include certification of teachers, attendance records, required courses and the right to grant diplomas. Through subterfuge some of the requirements can be faked (falsifying attendance reports or teaching a required subject in two hours), but nevertheless the free school is not completely free of institutional dependence, but rather in terms of its relative freedom from the coercions employed in public schools. Its independence lies in its dialectical freedom, based upon the negation of those assumptions that define learning, discipline and intellect in the public school system.

Fine, but what are its assumptions? We would agree that there is no single ideology which characterizes the movement, for a rigid ideology would structurally limit spontaneity and alternatives. Nevertheless, many free schools acknowledge a collage of assumptions that bring some unity to the chaos.

Primarily they conceive of themselves as free — free from the public school ideology and free to allow the member to be. Peter Marin reveals some of the public school clamps placed on the students' freedom (1969, p. 65):

> They manipulate them through the repression of energies; they isolate them and close off most parts of the community; they categorically refuse to make use of the individual's private experience. The direction of all these tendencies is toward a cultural schizophrenia in which the student is forced to choose between his own relation to reality or the one demanded by the institution. The schools are organized to weaken the student so that he is forced, in the absence of his own energies, to accept the values and demands of the institution. To this end we deprive the student of mobility and experience; through law and custom we make the only legal place for him the school, and then, to make sure he remains dependent, manipulable, we empty the school of all vivid life.

Free schools emphasize free-flowing interaction, individual freedom and self-regulation of growth. At the First Street School, George Dennison believed the school's primary function was to create an environment of growth — human relationship was the heart of the school. When the conventional routines are abolished, the resulting chaos is stabilized by building upon the relationships between adults and children (Dennison, 1969, pp. 4, 9). People, then, are the real structure of the free school; it is only as good as the interactions that occur. As one student of the Elizabeth Cleaners Street School said, "I didn't feel like we were starting a school. It felt as if we were starting a new life (Elizabeth Cleaners Street School, 1972, p. 21)." The free school experience is a shared community feeling that slides out of definitions like "education," and becomes a total life experience.

Mutual respect enhances the appreciation of individual differences. The free school supports the romantic notion that each individual has his own unique style of learning. It refuses to accept labels like "slow learner" or "discipline problem," arguing that everyone learns at his own speed and often by bizarre means (Fort Wayne Folkschoolers, 1973, p. 18). Thus, free schools resurrect the cliche of "do your own thing." Thereby, they eliminate the competition that characterizes public schools. The results are mixed; sometimes inertia is created, other times a child is awakened to his fullest potential.

The emphasis on relationship and freedom returns childhood to the children. Rather than viewing children as an appendage to the adult world with its authoritarian paternalism, free schools allow children to experience their own needs in their own context (Snitzer, 1972, p. 64). Dennison relates how he left the children to work out their own ethical problems on their own terms, arguing that values must be defined by one's peers, rather than being imposed by an authority figure (i.e., the teacher). By this process, many of the institutional coercions of the public school are reduced.

A negative attitude toward authority roles is characteristic of the movement. Roles are ambiguous in the free school context. The teacher is stripped of many of his role supports. There are no podiums, no rows of desks, no tests and no motivational goals of status and power. Nor is the teacher expected to be invulnerable or omniscient. Equally, the children are not required to attend classes, or submit to authority. At times, a teacher may become a student and vice versa. In the total community free school, roles are egalitarian because both students and teachers must work as laborers, cooks, house-cleaners and friends in order to make the educational experience survive. Like the communes, many free schools see themselves as a community based on sharing, not on roles.

The attention given to free-flowing relationship and demystifying authority leads to a radical revision of the traditional curriculum. The free schools reject many of the ingrained myths of public education. They challenge the assumptions of traditional education, such as that teaching produces learning. They also question the oppressive control of time and space in the public schools. Class periods, orderly rows of desks, all represent, they believe, an authoritarian structuring of individual freedom (Cooper, 1971, pp. 60-63).

Free schools reject many of these controls and replace them with more free-flowing concerns based on individual needs. Experience and self become central. Herb Snitzer of the Lewis-Wadhams School in New York expressed it aptly as "Life Education" . . . "Not education *for* life, but education ***through*** life, through living it fully at any given moment (Snitzer, 1972, p. 134)." Education becomes equated with experience, rather than removed from it, as in courses which purport to teach objective content. In the free schools, education is seen as part of an organic style. It is a harmonious fusion of life, play, and school.

From this viewpoint, the content of traditional teaching and learning changes. Course material becomes more fluid and less structured. A group of students may express an interest in a subject and then go about finding a teacher to share and coordinate their discussions. At one free school, students designed and taught their own courses. Or a learning situation may arise from the interests of a teacher. He may choose a traditional content in which he is "skilled," or he may just relate his personal interests, such as electronic music or pottery, and talk about them. Many of the free schools are activities-oriented rather than materials-oriented (Cooper, 1971, p. 66). At Pacific High School in California, students were encouraged to go out and experience the world on their own, school was a place to come back to, to evaluate experiences. Thus, a high value was placed on class trips which often extended for weeks. Space is transformed as the world becomes the classroom.

This alteration of content changes the role of the teacher. The identity of the teacher as transmitter of content is changed into teacher as sharer (Rasberry and Greenway, 1972, p. 41). The teacher no longer has all the answers, and must accept the fact that the class has the right to desert the teacher at any time. Also, many courses are simply discussion groups where students talk freely about a topic. The teachers often must accept the fact that "required" reading gets in the way of the child's personal developmental reading. The sense of living for the moment often strains duration of interest in course content. One teacher at the Elizabeth Cleaners Street School in New York said of this adjustment, "Perhaps the hardest thing for a teacher or for a student to cope with is the constant necessity of operating within a permanent state of flux from which order again and again must be galvanized anew (Elizabeth Cleaners Street School, 1972, p. 148)."

Pacific High's experience is even more revealing. Classes there almost completely disappeared. Children would not attend classes unless there was coercion. As they worked harder at building domes and mastering the survival of a total community, classes became less important. Teachers stopped saying, "I am teaching a course," because the students wouldn't come. Instead, they said, "I am doing something interesting, would you care to join me?" Another teacher at Pacific High discovered that the classes curtained knowledge from life, ". . . it seems that there is a difference between having a class about a book and talking with some people about it (Kaye, 1972, p. 143)." It appears that the more the community function increases harmoniously, the more that classes break the flow of true learning.

Figure 1, Mathematical Time as Construct, may make the free school approach to curriculum a bit more clear.

Yet it is on the question of curriculum that the free school movement divides. Critics of the do-your-own-thing curriculum point out that it is the philosophy of an elite — of a displaced white middle class who can afford to be nonchalant toward education. Also, Jonathan Kozol argues it is not as free as it pretends, and asks:

> Why is it, in so many of these places everyone always boasts that he is doing "his

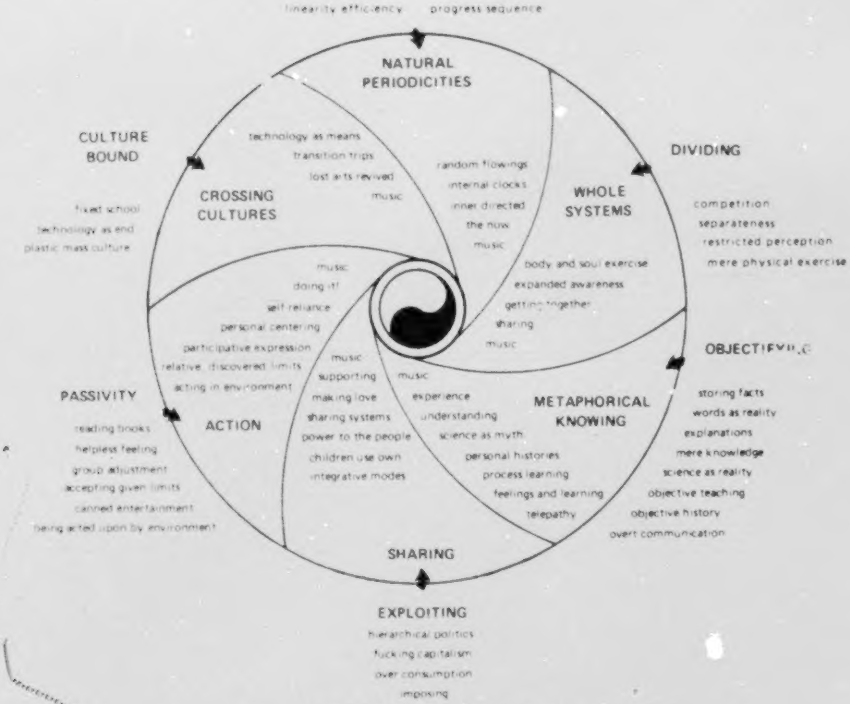

Figure 1. Mathematical Time as Construct.

(From The Old Ways Toward Change. Raspberry and Greenway, 1972, p.43

> own thing" but everyone in each of these schools, from coast to coast, is always doing the same *kind* of thing? Why is it, we ask, that "free choice" proves in every case to mean the weaver's loom, tie-dye, or macrame. How come it doesn't ever mean a passionate and searching look into the origins of unearned wealth that makes this segregated Free School *possible*? It is, of course, because *all* teachers and *all* adults in these kinds of situations do in fact dictate the preferences and options of the children by the very familiar and predictable clothes they wear and of the life styles they foster by the physical location they have chosen, by the pupil tuition they establish, by the race and social class of the children they enroll (Kozol, n.d., pp. 18-19)

Kozol's vehemence stems from his experience with a free school which he started in 1966 for poor blacks in Boston. Kozol differs from many counter culture schools on the question of "hard skills" versus "you can't teach anything." Hard skills, he argues, such as reading, math and writing, are tools of survival for people trapped in the inner city. The people in the streets need the weapons of the hard skills in order to get the power to run their community and improve people's lives. Kozol protests that liberation and provocative education do not happen spontaneously, but only when people are willing to adhere to discipline and keep their eyes on the long range goals (Kozol, 1972, pp. 35-101)

Kozol's beliefs are reflective of a growing trend of minority communities to begin their own schools. Freedom schools, though they stem from hostility to the public schools, are less concerned with individual freedom and open classrooms. Instead they seek to build academic skills, ethnic pride and community power. Bruce Cooper quotes one Black freedom school leader citing the differences between free and freedom schools (Cooper, 1971, p. 10):

> We've had the togetherness! We were brought up in "communes" by aunts, brothers and grandmothers. In other words, we've got *soul*. What we want now is *gold*. To get it, we must have skills, tools and the resources to use them. Freedom [as defined by free school advocates] to us is meaningless unless we have the essentials of life . . . .

Freedom schools are rooted in a coherent, organized, community situation. It may be, as in Bedford-Stuyvesant, the only social organization available to ghetto families. The freedom school thus becomes part of a community center, providing recreation, art and craft facilities and a political forum for the poor.

Structure and Growth

The free schools embody a very loose, informal structure. When beginning a free school, parents, children and teachers may meet to decide issues and programs. But as the school concretely emerges, parents often take a background role in policy, because it is the students' school. Of course, in an elementary level free school, contacts between parents and teachers are greater. But as the children get older, it is their school.

Most free schools avoid the issue of formal governance because the members share a hatred of power structures. Though some free schools have administrative boards, this is often a ploy to fill incorporation requirements, in order to gain a non-profit tax status. Most free schools are run by consensus and grass-roots democracy. Students and adults resolve issues and work assignments at weekly meetings. Governing is much more in the style of an oral tradition of agreement, rather than strict codification of principles.

The actual staff beyond the teachers is minimal. Since they abhor authority, they choose a coordinator rather than a principal, to give activities a focus. This selection may be a conscious or unconscious process. A leader may emerge or he may not, but the function of the leader is to take care of the problems of running the school and to help resolve interpersonal conflicts that arise and cannot be settled in the weekly meetings. At Lewis Wadhams, students were often chosen to be interchangeable coordinators; the leadership was very fluid and open. In addition, there may be a "voluntary staff" composed of parents, accountants, advisors and lawyers who assist the school without charge and thereby keep costs minimal.

In the freedom schools, governing is more formalized. Since it is a community organization, the school is ruled by a governing board of citizens and professionals. The role of residents is redefined. Often they serve as "foster teachers" who function to aid students and parents in a storefront, for example. In this situation, there is an emphasis upon student-parent-teacher linkages which may involve forming interest groups to create credit unions or find summer camps for the children. The professional is respected in the freedom school organization and given autonomy to administer programs subject to board approval (Wilcox, 1969, pp. 132-136).

Funding in free schools is based largely upon tuition, contributions, fund raising drives and foundation grants. The tuition, which ranges from a token fee to $3,000 per year, is the major source of revenue. Many expensive free schools employ a sliding scale of tuition to allow the poorer students to attend. Sometimes a free school in an urban area is able to acquire government funds if it has training programs for the disadvantaged. For example, the Independent Learning Center in Milwaukee received funds from the Justice Department.

Since most freedom schools are located in a Model Cities area they are able to tap many federal and state sources of money. Also, foundations are particularly sensitive to ethnic minorities and distribute grants to groups like the East Harlem Block Schools. Freedom schools are eligible to receive money from the Emergency School Assistance Program and food programs, and for ancillary programs like addiction centers and day care centers.

The Future

Free Schools, like any other counter institution, face adjustment problems in the transition from one cultural system to another. The students are freed from an authoritarian system and placed in an unstructured situation. Many students experience panic and fear caused by the sudden shift of value systems. Students often continue to equate learning with classes, and feel deprived when the class does not produce tangibles like grades, papers and lectures. Also, students are reticient to assume the democratic control of their school. They are amazed that leadership is in their hands and often shirk the responsibility, placing it in the hands of the adults who are seen as authority figures. Yet, if these transitions can be eased by a strong group commitment to the school as a community, the chances of continuing are high. Cooper's survey indicates that over 88 per cent of the new free schools have survived (Cooper, 1971, p. 56).

The other question pertains to the future after the initial chaos is ordered. What will the schools become? The possibility arises that their innovations will be absorbed by the public schools. In the Berkeley, California School District, funds are already allocated to free programs and free schools can use a limited number of public school classrooms. Perhaps, like the early Progressive schools, the free school will be absorbed by a more experimental attitude by the public schools. Another possibility is that the movement toward decentralizing and deschooling may result in the transformation of educational facilities into learning environments where the concept of education will be a total life experience. The final possibility is that the schools will stabilize at a certain point and solidify their innovations within a more formal, para-institutional context.

III. RADICAL THERAPY

Radical therapy is the offshoot in psychology of the same tensions and affirmations that have marked the emergence of other counter institutions. Its roots lie in a phenomenological analysis of the place of traditional psychotherapy within mainstream culture. Instead of asking questions from within, the radical therapy movement has looked at the totality of psychotherapy from without. Its critique has focused on three basic issues: the role of the therapist, the ties between therapy and the society at large, and the maning of the normal self. Discovering that the answers to those probes entail a challenge to the functional system of therapy, the radicals have often moved from the large scale cultural institutions to smaller groups to actualize their conceptions of self and adjustment. The spectrum of these counter institutions embraces collective communes, women's liberation groups, telephone hot-lines, and crisis centers for youth. Radical therapy groups also have worked within the system, attempting to radicalize mental patients, setting up drug detoxification centers and establishing rap sessions in mental hospitals.

The ideology of radical therapy begins with a probing rejection of conventional society. Psychiatry is viewed as but one arm of the oppressing power structure of the established culture. It is argued that traditional therapy turns people's focus away from society toward their own inabilities to adjust to the status quo. Thus, blame for failure rests on the person, not the social system. Failure to make this adjustment to "normal" social reality results in the individual being labeled neurotic or, at the most extreme, being placed in a total institution for an indefinite amount of time.

The radical therapists believe that mainstream society is an oppressive environment that fosters the alienation and depersonalization of the self. The individual is normalized to a system of beliefs that are contrary to basic human needs. Adjustment to this civilized madness results in the acceptance of a dog-eat-dog ethic, a merciless pursuit of wealth and the devaluation of human life by racism and violence (Gelb, 1972, p. 195). Genuine human needs are replaced by a set of spurious needs which are dictated by patterns of mass consumption and the advertising industry. Plugging in to such a system, the individual finds himself whirling in a furious process that obliges a fearful amount of conformity. The individual must obey his teachers or he will not get a good job, he must obey his employers or he will not get good pay and he must consume or else what's the purpose of it all? The deviant who refuses to live by these dictates often faces either expulsion to the lower rungs of society or exile to a leper's colony where institutional definitions become the spots on his skin.

Radical therapists believe social oppression is at the core of the "dis-eased" personality. Oppression represents the power, or the thinly veiled threat of coercion, which provides the true cohesion of the system. In traditional therapy, there is the power relationship between therapist and patient; one is up while the other one is down (*Radical Therapist Collective*, 1971, p. xii). Oppression in psychiatry continues at the institutional level where failure to conform to the standards of normality can result in the use of treatment as control. From Thorazine to electroshock, the recalcitrant individual is reminded that therapy entails obedience to hierarchy. In addition the language of institutional oppression becomes twisted into doublethink. The disturbed individual is placed in a coercive institutional situation which may further warp his sanity, under the pretext that the staff (or teachers, administrators, etc.) has only his best interests at heart: "Specifically this devastation is largely the work of *violence* that has been perpetrated on each of us. . . . The usual name that much of this violence goes under is *love* (Laing, 1967, p. 58)."

The result is alienation. People become alienated from their bodies, their minds and their fellow men. It is the goal of radical therapy to remove the oppressive factors that create this alienation.

A key facet of this revolt is a re-evaluation of the role of the therapist. Radical therapy revolts from the medical model of mental illness, arguing that psychological disorders are not an objective disease but an expression of the dominant social ideology. As Thomas Szasz (1973, p. 18) notes:

> The psychiatrist thus cannot, and does not stand apart from the person he observes, as the pathologist can and often does. The psychiatrist is committed to some picture of what he considers reality, and to what he thinks society considers reality, and he observes and judges the patients' behavior in the light of these beliefs.

If the ideology that the therapist represents is but a mirror of the status quo, the client faces adjustment to a social system that is corrupt and spurious. As many women have found, mainstream psychology is often defiantly hostile to the liberation of females. Backed by the male supremacist viewpoint of Freud, Erickson, and others, the woman is forced to adjust to a social role prescribed by her genitals. She must be passive, domestic and a child-bearer. To revolt from this role is seen by mainstream therapists as a sign of disorder. The therapist, as a mediator between social value and the personality, thus stands at a critical junction for liberating or further oppressing the personality. As one psychiatrist states it (Gelb, 1972, p. 198):

> [W]e have often unwittingly imposed our own bias and our own special interest values on our patients so that they may 'get along' in our society. This seems right to many of us, even though to 'get along' in our corrupt society may not really be the most healthy and productive way of living. Because it seems right to us, we rationalize it is 'human nature.' We have tried to prove that human beings are, by instinct, aggressive, competitive, predatory, narcissistic, 'territorially acquisitive,' etc. Then we have sat back and helped one patient after another to 'face the truth' (our 'truth') about human nature and the need to control it as much as possible.

In addition, radicals challenge the *role* of the therapist. The therapist often establishes a parent child relationship with the client, furthering the sense of individual powerlessness. He is supported by the myths of specialized competence and professionalism that pervade society. The individual is led to believe that even the most ordinary of human conflicts cannot be personally solved without the intervention of the "specialist" (Henley & Brown, 1973, p. 76). Therapy thus becomes another product in the consumer society. We buy emotions that we believe we do not possess. "From a position of confusion and inferiority, therapy customers try to purchase from the therapist understanding, sympathy, support, and respect . . . (Henley & Brown, 1973, p. 67)."

The task of radical therapy is to redefine the role of the therapist and the meaning of therapy. Claude Steiner, a key figure in the movement, stated the postulates of radical therapy in three equations (Steiner, 1971, p. 3):

OPPRESSION + DECEPTION = ALIENATION
OPPRESSION + AWARENESS = ANGER
AWARENESS + CONTACT = LIBERATION

Briefly translated, radical therapy states that alienation is the essence of all psychiatric conditions and it is the consequence of an oppressive society which creates false values that separate man from himself and his community. Realization of this oppression results in anger at one's condition which is the first step away from alienation. Once awareness has been reached, the individual requires contact with a consciousness-raising group, which supports the quest for a new identity.

Of course, the flesh often changes the structure of an idealized skeleton. The definitions of awareness, oppression and the group vary with the situation. Oppression may represent a specific condition such as homosexuality or feminine liberation, and the group will be formed to create solidarity for those oppressed. Or oppression may be much more diffuse, and represent a general discontent with mainstream culture. In this case, the group may represent a womb for members who are attempting to make a smooth transition between the old culture and the counter community.

The function of the therapeutic group is to explore a problematic area with concerned individuals. Composed of between eight to twelve people and one or two radical therapists, the bulk of problem solving goes on in contractual groups. People in the group create contracts for proposed goals of their therapy. The group engages in a series of techniques to liberate their awareness. These include role playing, stroke economy games, play therapy, and transactional dialogue (Steiner, 1971, p. 13). Much of the therapy is organized around the parent child dichotomy. Members analyze the ways in which societal authoritarianism (symbolized by the phrase "Pig Parent") has oppressed the creative part of the person, the child, with power-laden servility. Members attempt to understand their place in the social adaption demanded by the culture (Wycoff, 1971, p. 8).

Critical to the emergence of the counter-institutional therapy environment is the redefinition of the therapist. The aim is to demystify the cult of specialization and to return therapy to a more democratic function. Steiner states it quite simply: "Psychiatry is the art of soul healing" and anyone who performs this is a psychiatrist (1971, p. 3). Thus, radical therapy recognizes that nonprofessional volunteers, members of a peer group or sensitive individuals are fully able to practice therapy. This is not to deny that therapy requires skills; the protest is against a system that emphasizes the role sanctions of therapy. Radicals believe that therapy skills should be shared with people, so that knowledge is opened up and taken away from the elites in psychology (Glenn, 1973, p. 73). It is argued that the *role* of the therapist enhances the class systems in society. The therapist is always removed from the situation and treats the individual as an object. Radical therapy attempts to dissolve the dichotomy of therapist client and replace it with a community of equals, both parties struggling for their own liberation together: *"If we understand people's fears, and see a commonality in our respective struggles, they will cease to see us as 'specialists' and we will cease to see them as patients* (Henley & Brown, 1973, p. 79)."

The counter institutional form that this ideology takes varies widely. Throughout the United States, there are approximately 200 to 300 rap centers, which are essentially free clinics focused around psychological services and counseling. These are generally either neighborhood clinics or street people's clinics. The neighborhood clinic deals with all types of people and problems, from psychological distress to finding jobs for their clients. It also attempts to construct a community, making people realize that individual problems are often collective problems. The street people's clinics have much the same aim, but their target population is generally restricted to the most disadvantaged, the homeless, and the runaways of the counter community.

Financing is gererally a haphazard affair, depending upon private grants and voluntary contributions, but even those sources are dwindling. Many current rap centers are finding themselves in financial and ideological crisis. In Boston two of the centers are considering getting NIMH grants to survive, which raises serious questions of co-optation by the very system they despise. In addition, many rap centers have shifted their caring functions to a different population. At first, their main target group was the white psychedelic middle class, but then as the street people began coming more and more from the lower class, some rap centers shifted to "alternatives." Instead of providing help for all strata of the counter community, some rap centers' alternatives were group communes, food co-ops, yoga and meditation centers. Also, many of the centers have failed to produce adequate drug treatment programs, which cuts them off from the Black and Brown communities (Glen, 1972, p. 13). The goal of independence from the mainstream financial system and toleration for all segments of the community appears to have diminished in some groups of the counter community.

The most sophisticated form of the rap center is the therapy collective. It is a total community in which members and counselors live and solve their problems together. But it is not isolated; the therapy collective is the focus of a caring network that often includes a crisis telephone hot line, encounter groups, liaisons with community high schools, and a temporary crash pad for the homeless. One group, *Changes*, a community help collective in Chicago, defined their function as follows (Glaser & Gendlin, 1973, p. 31):

> For us *community* is a bunch of people with whom you can carry your living forward in a growing way, and take the steps that are next in your life. We view hangups not so much as bad stuff inside someone, rather as messed-up relations or dead relations between people and as more living that [sic] needs to happen. So there isn't a difference for us between helping people inside or outside themselves. What we need and give each other is support, not just in a general emotional way but with whatever each of us is up against, whether it's scared of going crazy or not able to face moving one's stuff to a new apartment. There isn't a line for us between psychological and situational troubles, either way it's about trying to live.

An examination of one therapy collective will give some insight into the functional basis of the community. "Number Nine" is a crisis counter institution in New Haven, which was founded in 1969 by former mental health workers who were tired of the exploitation of that system. Dealing with over five thousand young people annually, Number Nine is often involved with all aspects of a crisis situation, not just counseling, but families, jobs, and schools. They believe that this community involvement is as important as psychotherapy for releasing personality change (Clark & Jaffe, 1972, p. 231).

It views itself as a family rather than an institution. As an extended family, its relationships are structured around the bond of brother and sister, rather than the authoritarian relationship of parent and child. They see themselves as a group of equals, where everyone helps everyone else on common survival problems (Clark & Jaffe, 1972, p. 214). The real control of the organization is, then, in the hands of the young people themselves. Artificial role and hierarchic separations are minimized, because everyone must work toward the survival of the group.

The attempt to downplay roles of staff and clients breaks down many of the false and jargon-laden barriers that impede openness. While staff receive enough salary to live on, and must make organizational decisions, beyond that point their professional role becomes ambiguous. Unlike mainstream therapy no structural limits are placed on relationships: ". . . staff members see themselves as just relating. Personal experiences and feelings are freely reciprocated. . . . The emphasis is shared between being helpful and enjoying oneself (Clark & Jaffe, 1972, p. 227)."

It is this ambiguity in structure and interaction that keeps Number Nine open and free to experiment. It utilizes relationships which may not even be defined as counseling, in order to help people. Within this context of growth and openness persons who show schizophrenic symptoms elsewhere are quite normal. In the counter institution there is no need to assume the role of "being sick."

Another form of a therapy collective has grown out of the work of R. D. Laing and the antipsychiatry movement in England. Antipsychiatry is concerned with the causes and cure of psychosis and schizophrenia. It rebels against many of the cliches of schizophrenia, and argues that it is a label that objectifies the person, depriving him of full human status (Laing, 1967, p. 122). It results in a failure to treat the person as a reality, as an existential experience, and consequently results in a failure of communication. Rather than resisting this process by inert strategies and categories, the antipsychiatrists flow with the process of dysfunction, allowing the person to fully experience the process and then slowly re-emerge to sanity.

Through the auspices of the Philadelphia Association, the antipsychiatrists established a number of "households" in the London area, from 1966-1969, where the individual was given the freedom to experience chaos; Kingsley Hall, the most well-known of the households, was structured similarly to other therapy collectives. People in the households made their own rules; there were spaces for communal gatherings and individual cells for privacy. There was no overt psychiatric diagosis in order to avoid the labeling of a person into a set category of behavior. Equally, there was a breakdown of the binary roles of doctor or nurse versus patient. The members were simply people, and the praxis of the experience was the person undergoing crisis knew that another person was there to accompany him on the journey through the self. As David Cooper expressed it (Cooper, 1971, p. 57): "the communities are places for people to *be*, and not places to *be treated*."

Kingsley Hall allowed people to return to chaos. It was a movement of going back, regressing to an archaic behavior often bordering on the pre-natal. The self disintegrated as the person touched a mythic, primordial chaos. From this state, the person moved forward to a rebirth of self. Out of chaos, a genesis of the personality took place. Laing called this process "metanoia" (a change of mind) and argued that it is only possible in the deinstitutionalized, communal setting. Other settings might conceivably arrest the process at chaos and maintain the experience at a psychotic level (Laing, 1972, pp. 11-12). Of course not everyone goes through this extreme journey. They came to Kingsley Hall to work out their problems in an environment apart from the outside world.

While Kingsley Hall ceased operations in August, 1969, Laing and Cooper's ideas have been revived in the United States. In May, 1971, Soteria House was opened in San Jose, California. Funded by a two year NIMH grant, Soteria House's founders are testing the hypothesis that schizophrenia is an altered state of consciousness and that the individual's apparent madness is an identity crisis which must be worked through rather than repressed. By going through the experience of madness, the resident is able to experience rather than repress a growth process.

Patients for the experiment are selected from individuals who are about to be admitted to the psychiatric ward of a community mental health clinic. These residents' psychological growth is compared with a control group that enters the psychiatric ward. People are never brought in Soteria House or discharged without their own consent.

The staff is composed of professional and para-professional individuals. Most staff members live communally with the residents. They envision their roles as guides, not therapists or teachers. Staff members believe that the residents have valid reasons for going mad and that their function is to give support for the disorienting process undergone by the residents. The community ethic aims to establish a close relationship between staff and residents, rather than turning individuals into the objective roles of therapists and patient (Shapiro, 1973, p. 135).

There is also the attempt for radical therapy collectives to invade the institutions of mental health. Former mental health patients are organizing to protect the rights of people incarcerated in state hospitals (see Appendix). People are also invading repressive hospitals.

In 1970, about 50 people of the New York City community "entered" St. Luke's Hospital which had been notably lax in the treatment of drug addicts. The group seized the offices of the division of community psychiatry and set up a walk-in heroin detoxification center. They demanded additional beds for addicts and taught the community how to detoxify addicts. Their action put public pressure on the hospital administration. The hospital granted concessions, setting up a satellite addiction service in the community and granting more beds for addicts (Kunnes, 1972, pp. 199-209).

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The radical therapy movement represents an array of tried techniques that are linked against an ideology of oppression. Unlike more traditional forms of therapy, the radical movement is as much an attempt to analyze the meaning of social repression as it is an attempt to heal the soul of an individual. If the movement continues to attract more people, its variety of techniques and values may produce a new conception of the individual, a new model of mental normality. From Laing's challenge to the treatment of schizophrenia to the attempt to overthrow the hierarchy of client patient, radical therapy represents a significant attack on the concept of the normal self and on the nature of the psychological adjustment to social reality. Along with the other counter-institutional groups, radical therapy is offering a new paradigm of social sanity which may shake the pillars of social order.

IV. FREE HEALTH CLINICS

The free clinic movement is the medical response by radicals to the crushing, totalitarian inhumanity of the national health industry. Like its counterparts in education and psychology, free clinics represent a nascent attempt to decentralize, deinstitutionalize, deprofessionalize and demystify the nationwide health empire. Advocates of the free clinics want a medical system that is egalitarian, costfree at the point of delivery, and controlled by the community it serves. In addition, they wish to remove the structural biases that prevent health services from reaching those who need them most and receive them last.

Free clinics are part of a multifaceted attack against a health industry that places profits before people and self-interest before genuine care. Their advocates stress that the American health system is a medical-industrial complex that discriminates against the poor, women and social deviants.

Central to the radical attack is the characterization of American medicine as a health empire with its hub in the medical schools, and extending outward in a network of research, installations, hospitals, medical service industries and county medical societies. Radicals argue that the power of these interrelated institutional units dictates that: "the priorities be located where the profits are found (Levy, 1971, p. 51)." Often research money is spent on extremely rare diseases, while avoiding basic research on diseases like sickle cell anemia, which plague Black people. In addition, funds are spent on expensive technical products like renal dialysis units or cardiac transplant apparatus, instead of on simpler procedures that could save more lives, like child care programs, treatment centers for alcoholics or heroin addicts, or lead poisoning testing kits for children. Radicals believe that, given the profit motive, medicine is not neutral and value free, but a sad reflection on the distorted humanism that plagues American society. While health care is sorely in need of more general practitioners, doctors rush into specialities which bring high profits but often serve only the few, who are generally white and adequately insured.

In addition, health care is surrounded by the mystique of the doctor, the holy man in white, who is privy to secrets to which patients have no access. Doctors often hand down their judgements authoritatively and the patient has no choice in the matter. The patient is often given no means to judge what form of health care they should receive, facing the arrogance of the physician's "I'm the doctor, not you," attitude. The patient has little recourse and often virtually no consumer protection. Women are particularly vulnerable to this when facing the choice of birth control options. Many times doctors do not fairly present the alternatives, but dictate what method they must choose. Often for poor Black women, doctors assume the best choice is hysterectomy, believing it would be too taxing for an uneducated woman who has already had too many children to remember to take her pill each day (Ehrenreich and Ehrenreich, 1970, pp. 10-15). Similarly, addicts are often forced to use the state-sanctioned methadone.

This denial of patient rights is often felt most poignantly by the poor and by other social outcasts. The best advice for them may have been given by a CBS television documentary called "Don't Get Sick in America." Medicine is based upon a middle class value system, and consequently it is the middle class that receives the best health care. The middle class are respectable, with respectable diseases, they pay their bills on time and have adequate health insurance. Yet, medicine has not figured out how to transcend these biases and deliver health care that suits other populations that live differently (Smith, Luce, Dernburg, 1970, p. 35). Health care for poor patients is often confined to clinics, where many Blacks and Puerto Ricans complain of being treated like animals. The poor get fewer explanations, less privacy and less care than solvent whites. This combination of poverty and racism often makes the poor vulnerable to exploitation; they become the guinea pigs for interns who quickly forget about treating them when they have finished their internship. One poor Black adolescent girl in New York City reported for her prenatal checkup and suddenly found herself surrounded by medical students who used her as a teaching object for pelvic examinations (Ehrenreich and Ehrenreich, 1970, p. 17).

The institutional prejudice extends beyond color lines to include many deviants who are ignored or mistreated by the medical establishment. The founding of the first free clinic in Haight-Ashbury was spurred by the indifference of many San Francisco doctors' and hospitals to health problems peculiar to hippies. Diseases like hepatitis, gonorrhea, body lice and bad trips were treated condescendingly by the doctors. Physicians often looked on the freaks as if they were subhuman. When the hippies went to the Park Emergency Hospital freaked out on bad trips, they were often subjected to sermons, drawn-out referral processes or immediate telephoning to the police. Ambulance drivers conveniently "forgot" to answer emergency calls to the Haight section (Smith and Luce, 1971, p. 28). This situation led David Smith, a founder of the Haight-Ashbury clinic, to conclude of the hospitals: "They and other staff members apparently believe the best way to stamp out sickness in the Haight is to let its younger residents destroy themselves (1970, p. 38)."

Given the racism, inequality and financial elitism of institutional medicine, the outcasts of the system were left with few choices. They could either continue to subject themselves to substandard medical care or they could break off and form their own health services. Out of this discontent, counter forms emerged. An early forerunner of the free clinic movement was the Watts Clinic in Los Angeles, formed after the riots in 1965. In addition, the Vietnam War and the growing discontent with the system led some young doctors to shift their allegiance toward more humane goals. These doctors grew their hair long, questioned the profit motive of medicine and began to search for means to aid the poor and dispossessed in American society. One result was the Medical Committee on Human Rights. Believing that it was practicing preventive medicine, the Committee gave medical draft deferrals to potential inductees. Their logic was that since it was medicine's duty to save lives, their deferral letters helped to prevent battlefield casualties.

Another development was the formation of the Health Policy Adivsory Center (Health-PAC). This group grew out of an exposé of New York City hospitals published in 1967 by Robb Burlage. In 1968, Burlage and a small staff began to publish the *Health-PAC Bulletin* which was a clearinghouse for the latest developments in the growing health movement. Increased awareness has now allowed Health-PAC to expand its activities to include educational projects, seminars on community health and technical assistance to community health workers.

But it was free clinic movement that provided the strongest stab at the medical establishment. With the largescale growth of the Love generation and the "tune in, turn on, drop out" philosophy, many communities in the late 1960's faced a new breed of people whose problems, both medical and psychological, placed them in a pariah condition. The young dropouts, with unique health problems, extreme mobility, and distrust of institutional health services were often left at the mercy of police, mental health agencies or local "witchdoctors" who prescribed everything from macrobiotics to greater doses of LSD. Out of fear, many people stayed away from doctors and hospitals, treating their pains with narcotics or hallucinogens.

The first seisms of this crisis were felt in the Haight-Ashbury area of San Francisco during the early part of 1967. With the first Human Be-In of January, 1967, many felt the sense of a new beginning, the start of a mutant group who would not abide by the dictates of straight America. All the vibrations of San Francisco flowed out electronically to the rest of the country, thousands of people began pouring into the Bay area. Conditions worsened, as crash pads were overflowing and sanitation was poor. The Diggers were predicting that 100,000 people would be coming to Haight for a "Summer of Love." This threat posed a crisis of epidemic proportions to city officials who sought to eliminate the disaster by repression.

It was this public indifference and the hostility to the younger transient generation that led doctors Ernest Dernburg and David Smith to formulate their own solution. Dernburg, a psychiatrist, had earlier worked with the Beats, but he felt the hippies were different; they seemed more depressed and anxious than the former. Yet, Dernburg did not believe they could be called deviants or psychopaths, so he tried to understand them in terms of their own value system. Smith, who was conducting experiments in hallucinogens and amphetamines, believed that with the outbreak of bad trips, the Haight residents faced a psychological crisis of acute proportions. Both men appealed to city governments for financial aid to combat the crisis, but they were ignored. While the Public Health Department failed to intervene, the crisis was accelerated. Public officials refused to provide funds to open a clinic in the Haight area. The risk of arrest at San Francisco General Hospital and the failure of its screening unit to remain open after 5 PM meant that many freaks were often locked up as alcoholics or thrown into padded cells (Smith, Luce, 1971, p. 134).

The crisis prompted Smith and Dernburg to open the Haight-Ashbury Free Medical Clinic in the spring of 1967. With the motto "Love Needs Care," the clinic, from the start, was overflowing with patients. Within its confines was a medical clinic, a calm center (for those having bad drug trips), and a Happening House for psychological counseling. Later, as the clinic became more established, a dental clinic was added.

Funding and supplies were a haphazard affair. The doctors and volunteers scavenged for medical supplies and received pharmaceuticals from drug salesmen. To increase community awareness of the clinic, they passed out pamphlets that advertised the clinic and asked other people to spread news of it by word of mouth.

As the clinic faced the onrush of youth from all parts of the country, in 1967 it began to run low on medical supplies and manpower. But an article in the *San Francisco Chronicle* on the health emergency saved them. The story brought phone calls from other physicians who offered their services and more importantly, it brought money to replenish funds. In addition, the clinic began to attract many professionals. Counselors, psychologists, nurses and doctors who were dissatisfied with the health monopoly began to volunteer their services or work for extremely low wages. As a result of the influx of money and manpower, the clinic at its peak was treating five times as many patients as Park Emergency Hospital at one fifth the cost (Luce, Smith, 1971, p. 169).

Since the clinic was a reflection of the Haight community and its needs, shifts in the group structure and life styles caused changes in the patient population and their health problems. In the beginning, the clinic treated the love generation who consumed particular drugs particular to their life style. But late in the summer of 1967, there was a shift in both client population and chemical consumption. More and more of the hippies were leaving the urban scene and fleeing to the country. In addition, LSD was becoming scarce and the drug fad shifted to amphetamines. Haight was falling apart. A new population was supplanting the love generation, who sanctioned crime and violence, who were addicted to speed, and created holocaust through the community. The result was that the Haight clinic rapidly lost its base of support. The clinic held rock concert benefits to keep itself going, but it could not raise enough support and on September 22, it closed down.

On November 1, it was able to reopen, due to a donation of $30,000 and art sales. The clinic had changed. Since the area was rapidly becoming America's first teen-age slum, fewer people were using the clinic. This decreased patient load meant that more attention could be given to patients and more doctors would be on hand. Also, there was a shift in staff, a family feeling and intimacy was growing. The new staff was younger, but they were isolated in the community and the result was the creation of a therapeutic community within the confines of the clinic.

I have dealt at length with the Haight Free Clinic because it demonstrates some of the problems that occur when a group attempts to defy the established institutions and to reflect more accurately the needs of the community it serves. Free medical clinics face a plethora of crises that, if weathered, can produce group solidarity. But if the problems of finances, volunteers and a changing client population are not met, the goodwill that started the movement may rapidly evaporate. Also, since the free clinic is an instrument of its immediate community, it must be sensitive and responsive to the specific health and psychological needs of that community.

Currently, there are 200 to 300 free clinics in the United States. Most of them arose as a result of the wave of Black power, counter culture egalitarianism and the demand for community control of institutions. Their ideology is similar to that of other counter institutions. The free clinics' aims are (1) to establish health care as a right independent of financial need, (2) to provide comprehensive health services in decentralized settings, (3) to demystify medicine, (4) to deprofessionalize health care to the point where the lay person can share and utilize medical skills, and (5) to create community worker control of community health organizations (Bloomfield and Levy, 1972, p. 35).

Most free clinics are found in an urban setting. At first, a free clinic's clients are the hip drop-outs in the area, but as it settles into the community, the clinic begins to serve the neighborhood as a whole. Generally, clinics are located in awkward layouts, e.g., in a storefront, in a church basement, or in the house of a multi-purpose therapeutic community. There is normally a reception room with a conspicuous donation can, three or four examining rooms and a modest laboratory and pharmacy.

Free health clinics are dependent upon donations and the responsiveness of the community. Generally labor is freely given by doctors and volunteers. Delivery of medical care is totally dependent upon the goodwill of those involved. Because the bulk of labor comes from non-professionals, the life style of the free clinic staff resembles that of the patients' more closely than in any other medical institution. One key area is volunteer and doctor relationships: the emphasis is placed on the transfer of skills in order to demystify medicine. Some clinics teach courses on health care to the lay staff and community. However, in most clinics, apprentices learn medical skills by observing what the doctor is doing. This transfer of skills reduces the doctor's burden and increases the egalitarian structure of the clinic. In some clinics, all volunteers are able to take blood pressures, read vital signs and do pregnancy tests.

Another innovation of the free clinic is the use of a patient advocate. Every patient is assigned an advocate by the receptionist. The advocate takes the patient's medical history, explains the purpose of the clinic and introduces the patient to the doctor. Often, the advocate may be present during the doctor's examination in order to be certain that the doctor is aware of the patient's needs and to be sure that the doctor is courteous and explains what he is doing. The advocate has the right to challenge the doctor about costs or about the diagnosis. A further responsibility of the patient advocate is the follow-up procedure. The advocate makes sure that the prescription is filled and may accompany the patient to a clinic or hospital for further treatment. Theoretically the advocate represents a radical innovation in medical services, however, in actual practice, the advocate is simply an expeditor.

The average annual budget of a free clinic is approximately $30,000. Money is obtained by pledges, panhandling on the streets and through a donation can in the office. Also, since many free clinics are in the poor sections of a city, patients are eligible for Medicaid reimbursements. Supplies are obtained through ingenuity. Often, friends of the clinic will "liberate" equipment from hospitals for the use of the clinic. Equipment is also donated and purchased inexpensively from doctors' widows. Parmaceutical salesmen are coaxed to supply generous samples of their wares. Virtually all free clinics receive penicillin from the public health departments for the treatment of venereal disease. The counter cultural practice of barter is also used to reduce cost. A patient pays for medical services by donating his or her particular skills to the clinic. The clinic often establishes an underground referral network with the institutionalized medical system. Free clinic doctors can provide cheap, hassle-free access to the larger medical system for skills the clinic is unable to provide. Through friends or through making other doctors feel guilty, the clinic is able to further reduce costs and provide sophisticated medical care.

Decision making in the free clinics is based upon a community worker control concept. Basic decisions occur on a daily basis. When there are larger policy decisions, a committee of volunteers and doctors is called to settle the issue. Surprisingly, doctors have a small function in the overall decision process. There have been few instances of a doctor takeover of a clinic, and doctors play a relatively minor role in decision making. However the goal of community control has not been realized. Power over a clinic is not diffused through the community it serves; rather it is still in the hands of the staff (Bloomfield and Levy, 1972, p. 40).

Free medical clinics can mount one of the most sustained attacks against the domination of the American health establishment. Their services are desperately needed by all classes of people. Free clinics have broken down some of the elitist boundaries that separate the hip from the straight community. Unlike the often frivolous, exclusivist and luxurious indifference of segments of the free school and communal movements, free clinics are an effort to work with *all* people in their immediate community.

However, free clinics still face large problems of financing and co-optation. In January of 1972, a convention was held for the National Free Clinic Council (NFCC). Ostensibly, the purpose of the meeting was to exchange information and centralize communications. But there were serious questions that loomed in the background. The NFCC convention was financed by HEW and by Pfizer Pharmaceuticals. Roger Smith, the representative of the Haight clinic, seemed to push for free clinics becoming a member of the health services establishment and having a full-time NFCC lobbyist in Washington. The real purpose of the conference, as it developed, was to get a one million dollar grant from a Presidential special action office for drug abuse work. Many members left the conference in disgust. The reality of lobbyists, playing mendicant to Washington and having the conference sponsored by the establishment left many people confused as to how "counter" the free clinics actually were Bloomfield and Levy, June, 1972, pp. 8, 16-17).

Yet, as the clinics gain greater community support and a strong financial basis, they stand an excellent chance of beginning the decentralization of health services. At this time, though, few clinics are in a position to make an all-out assault on institutionalized medicine. Money and community support are needed to provide services for door to door TB testing, for lead poisoning test kits for children, and for countless other projects. Until this group awareness is truly awakened, the free clinics must remain an important alternative to the basic delivery of general health services.

V. COMMUNES

A discussion of communes entails some large problems. What we state about one commune may not apply to another. There is no way to build a model of a commune and assume that it is the "definitive" summation of the experience. There are rural communes, urban collectives, law communes, religious communes, group marriage communes, Skinner farms, free school communes, women's lib communes, artists' collectives and anarchist communes. Some communes practice raw democracy, while others are run by a benevolent despot. Some communes embrace technology and some refuse to use it. Since the commune represents a total way of life for a particular group of people, what works for one group may destroy another. Each commune strongly desires to be unique and individualistic, thus avoiding the sameness of the American melting pot.

Given this diversity, it is virtually impossible to present an orderly, paragraph by paragraph description of a state of unique anarchy. Instead, I will simply present a collage of vignettes about communal life. Statements by members, descriptions of a few communities, and some scholarly insights will, I think, better represent the situation as it stands today, than an attempt at spurious coherence.

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Twin Oaks Commune. Modeled loosely after B. F. Skinner's utopia of Walden Two, Twin Oaks began as an urban commune in 1966, but moved to rural Virginia a year later. At first the members were without a government, believing everything would take care of itself; but as disputes increased, they created a board of planners who dispensed duties through a manager. When there are complaints against another member, an appointed "Generalized Bastard" carries the gripes to the person, rather than allowing personal hostilities to erupt.

Twin Oaks is not really a model of Skinnerian theory. Although there is a work ethic, labor credits (the most unpleasant work gets the highest amount of credits and vice versa) and "managers" for different tasks, the members believe that the communal experience itself is the major reinforcement factor. A system of mutual criticism is employed, in which a person sits in silence as all the other members tell what they like and dislike about the individual.

Financial problems beset the commune. Although it only costs approximately $700 a year per member, the community is not self-sufficient. There is a thriving hammock factory, but eight members, on a rotating basis, are forced to work outside the commune at menial jobs to support the commune. They also charge visitors a daily fee plus labor credits, to discourage indiscriminate use of the commune as a crash pad.

In contrast to the usual stereotypes about communes, Twin Oaks does not reject technology. The members are very serious about offering an alternative to mainstream capitalism. Therefore they do cost-study analyses and submit themselves to a rigorous code to keep the commune operating cheaply and efficiently. In addition, their structured community in a conservative area, gets along with their neighbors because they neither allow drugs, nor blast their radical visions to the outside.

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> *Freedom is a difficult thing to handle. How many people given the complete freedom to do whatever they like would die of boredom? No structure, no rules, no compulsion to work from nine to five, no one telling us when to do this, do that — it sounds great until we try it. We've learned to be directed by so many others — "by mommy, daddy, teacher, principal, boss, policeman, politician, bureaucrat, etc" — that freedom from all this*

> *could be overwhelming. Imagine: balling, eating, sleeping, playing . . . and ho, hum, now what? Where do you go and what do you do when the trip ends? Give people freedom and they'll do all the things they thought they never had a chance to do. But that won't take very long. And after that? After that, my friend, it'll be time to make your life meaningful (Fairfield, 1972, p. 190).*

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Freedom, it begins and for many often ends there. The beginnings of the freedom are chaos leaving one value system for a new one. The communes represent the struggle to renounce one social order for chaos and then, like gods, to create a new structure that reflects the image of its makers. As its deepest aspiration, the communal movement is designed to strip away the masks that the individual once wore to reveal the authentic face beneath. Ray Mungo compressed the ideology of his commune as follows: "Total Loss Farm: *lose yourself* (Mungo, 1971, p. 26)." That is it, abandon the old self for a new one.

The commune represents the womb, a society to nurture the new self. The nature of that personality is largely dependent on the degree of self-conscious structuring of the commune itself. One commune may support the *laissez-faire* policy of doing your own thing, while another may rigidly structure the experience around religious principles. Each has its own private vision of the nature of the unrepressed ego, and it is this vision that determines the nature of the social harmony that is achieved and the self that is experienced.

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Communes can be roughly divided into two types: the hip commune and the intentional community. Hip communes are generally composed of the young freak subculture. They have an open-ended structure, which means that a person does his own thing and rules are kept at a fluidic minimum. Often, members of a hip commune are unprepared for the necessities of commitment that insure communal stability. They can read tarot cards, but cannot fix a pump. Except for the need to escape urban sickness, hip communes have few specific purposes for their existence. Life is ruled by Fate and Change, and purpose to them is the maya of a diseased civilization.

Intentional communities have a wider diversity of members, and, as its name implies, they are consciously working to realize a community that is purposeful and will survive. Members come from all age groups and social classes. The intentional community places greater emphasis upon definite structures and group goals. The community is not afraid to erect regulations and codes to sustain group purpose. In addition, intentional communities are generally organized about a central purpose or task. These goals can range from the creation of a spiritual community to the establishment of an educational network (Houriet, 1971, pp. 205-206).

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> *We were told that there would be an unlimited need for educated people which was pure bullshit. Whatever America creates, it always seems to create a glut of. The ultimate triumph of industrialism was to apply the techniques of the assembly line to the production of a labor force for post-industrialism. In 1960 the cold war was flourishing and no PhD ever dreamed that 1970 would see PhD's driving cabs and applying for welfare.*

> *all dressed up and nowhere to go*
> *So here we are. We can write dissertations, we can teach school, we can design bridges, program computers. We're doctors, and lawyers, sculptors and painters, film makers and urban planners. TV and film technicians, designers and architects, electronics experimenters, musicians, composers, and political organizers. And we're free. Free because we're irrelevant. We're the avant-garde of a tidal wave that's just beginning to realize it's a tidal wave (Jerome, 1973, p. 20).*

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Why Do People Form Communes?

1. Many people feel they are the new immigrants, exiled from their heritage and through solidarity they can protect themselves and forge a new life.
2. A group of people really enjoy each other and wish to stay together.
3. Technological Prophecy — an LSD vision may spark the urge to live in a harmony that reflects the unity of self and nature.
4. A common goal, like building a school or a media center, may bring people together.
5. Escape — the search for new frontiers and the exorcism of the old certainties may represent a new pattern of American growth through restlessness.
6. Apocalypse — the belief that the old civilization is rotting in decadence and verging on the brink of collapse.

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The Lama Foundation. Located in Taos County, New Mexico, Lama is a religious retreat commune. The members are committed to spiritual growth and the commune has become a mecca for serious students of spiritual awareness. Drugs are not permitted; instead members devote themselves to Yoga, Tai Chi Chuan, encounter sessions and other esoteric systems. Lama is one of the most purposeful and rigorous of all the new communities. It believes in disciplined, directed work in the physical, emotional and mental areas. Members arise at 5:30 AM for meditation, then a collective breakfast, working on the land for eight hours, and finishing the evening in a variety of classes and contemplative exercises. The function of this discipline is to give people a new rhythm in the aim of altering the old self.

While Lama's members share a communal meal and participate in the weekly ritual of Sufi dances, the commune is highly individualistic. Members live in separate houses. There is even a hermitage, where certain people can withdraw for a period of time and have their daily needs taken care of by a "servant." Lama has no central structure or ideology because it believes that each person must find his own unique spiritual path.

However, Lama is not solely a commune. Only five members live there permanently. It survives through visitors who pay $60 per month to live there. Those who decide to stay a year are responsible for building their own dwellings and using their own funds. Since only 30 people are allowed at one time, Lama is a very selective and exclusive retreat for the affluent and highly educated.

Bob Carey of the Oregon Family:

> *One of the first things that is noticeable here is that when we first came out here, we had the idea that by coming here, by dropping out, by making this move, we'd drop all our hang-ups, but everyone brought all their little things with them, their little things. So the first thing was to bust the bubble of how we imagined it would all be and then go back to working things out for real. There is nothing here to blame your hang-ups on. You can't say it's society, because it's your society here (Fairchild, 1972, p. 106).*

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Communes straddle two societies, two moralities and two times: the present in which every American is expected to pay his own way, and the future, when man will theoretically have learned to share and work together without the barriers of private ownership (Houriet, 1971, p. 47).

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The first generation of modern communalists often face severe tensions between the worlds of "ought to be" and "as it really is." They are exiles from one culture, living in a new world, yet the remnants of beliefs from the old world are still strong in their minds. Unlike communards of the nineteenth century who were driven by economic and social necessity to band together, the modern utopians have chosen their style by a voluntary act of rejection. Communalists are faced with severe tensions and temptations because of this act of willful rejection. Backsliding is a threat to stability.

The problems of transition between two cultures and the fear of failure place strains on settlement at first. Members may band together, believing that it will be relatively easy to destroy monogamy, to establish total openness and honesty, or to allow everyone to do their own thing. When they discover that coupling remains or total authenticity is not possible, there is fear that the commune has not fulfilled its goals. The clash between myth and experience may destroy a commune or it may allow the settlement to redirect its aims toward a more practical stability.

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Utopia — no place
Eutopia — the good place (Kaufman, 1972, p. 67).

* * * * *

Modern utopians reject the world of the future, as represented by an all-embracing ideology. Unlike their predecessors, the communalists are not interested in saving the world through doctrines and millennial fury. They wish, instead, to find a space, the good place to solve their problems in their own time. They avoid, in most cases, a proselytizing bent; they attempt to live fully now, with experience, not ideology, as their guide.

Bill Voyd of the Drop City commune:

> *The greatest impact of communal life upon the artist is the realization that all community activity is equal, that digging a ditch carries no less status than erecting a sculpture; in fact the individual often discovers he is happier digging a ditch, sculpting a ditch. Life forms and art forms begin to interact. The identity of the artist becomes irrelevant in relation to the scale of values employed, because the communal context of the work of art removes it from the market place; the artist seeks to work within a system that allows the broadest possible participation of the community. The artist's experience becomes a shared experience (Voyd, 1972, p. 279).*

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The One World Family of the Messiah's World Crusade was a family commune centered in Haight-Ashbury. The group, for a time, operated a natural foods restaurant. Its founder, Allen Noonan, was the focus of the movement. He believed he was an avatar, a messenger of the Messiah. In 1947, while painting a sign, Allen was struck by a bolt of white light. His astral body travelled to another planet where angels asked him if he would be the Messiah of mankind. Allen accepted. The movement is now defunct.

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While hip communes are generally egalitarian in structure, leadership generally arises spontaneously in the commune. These natural leaders focus the commune. They often lead the group's meetings, fight legal hassles and create a source of authority for the members. More importantly, their personalities provide models of the integrated ideology of the commune. The leader has assimilated the new values fluidly and is able to guide behaviors (Roberts, 1971, pp. 116-117). Without leadership, the commune is doomed to failure.

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"Simplify, simplify!"

Thoreau

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The communal desire to live simply, in Harmony with natural rhythms, produces a revolt against the excessive worry about ths future prevalent in mainstream society. This emphasis on a linear future creates an illusionary "Perfect End," depriving the present of any value. We live for false goals that never come true because they are always ahead of us (Cooper, 1972, pp. 41-46).

To counter this, many collectives have de-emphasized the future and the false values of scarcity and competition that accompany it. Life, to them, is a flowing of the present. It is now, not tomorrow that counts. Subjective time slows down, denies the alarm clock planted inside by the other world. Instead of saving time, they try to lose time and enjoy each moment separately.

A word from a critic of the communal strategy of nowness (Rudikoff, 1972, p. 72):

> *The high value placed on individualism, on consensus, on the drug experience, on mystical states of consciousness, and in general on the cherished immediacy, confirms attitudes which are quite uncongenial to thoughts of the future. What really interests the communards is the repetition, revision, and recapitulation of their own experience, so they have no energy left for the structuring of experience for totally new people other than themselves. Thus, the revolution in consciousness may end where it began.*

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In contrast to the mainstream culture's belief in scarcity and individualism, communalists believe that the needs of people can be easily satisfied in a cooperative environment. Communards do not agree that competitive, aggressive behavior and excessive possessiveness are a necessary condition of normality (Slater, 1970, p. 104). Rejecting those values that make society atomistic and pit individual against individual, the communes believe in the romantic idea that, given the proper ambience, people are naturally cooperative, loving and harmonious. The emphasis in the counter communities is toward the reinforcement of a group consciousness which does not stress individual differences, but rather seeks out what people can share in common. Sharing produces a strength and tolerance through a collective consciousness which is denied in the isolation of the old culture.

Modern communes' critique revolves around the alienation and loneliness which plague contemporary life. Society pushes community apart emphasizing the me over the we. Communalists believe that human nature is a group phenomenon. Social life is idealized. For it is only through the good of community that the individual can fulfill his genuine needs and life in brotherhood and peace (Kanter, 1972, pp. 32-41).

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A critical factor in the stability of communes is their relationships with their neighbors. The sudden intrusion of a group of long-haired people, who are rumored to be loose in their morality and constantly using drugs, can cause a shock to a rural community.

Taos, County, New Mexico, enjoys the distinction of having the largest concentration of communes in the United States. It also has a large concentration of Chicanos who do not like the invasion of hippies. The Chicanos are poor, unemployed and excluded by the same system the freaks have rejected. Yet, they have been saturated with the middle class values of achievement and upward mobility. They are affronted by the hippies with their education, their ability to make money (if they wanted to and their rejection of all the values that the Chicanos are struggling for. The Taos County communards became scapegoats for the Chicanos. Cars of the hippies were dynamited. Vigilante groups burned down communal homes. Long-hairs were wounded by rifle fire, and some were prepared to retaliate in kind. While these reactions are extreme, they point to the hostility that is often generated by "foreigners" who will not accept the dominant values of a community (Stewart, 1970, pp. 25-27).

A further problem is the communes' legal relationships with their neighbors. Oz commune, once located in Meadville, Pennsylvania, is a good example. Nestled in the midst of a Republican and fundamentalist area, Oz was at first treated with a tolerant curiosity from their neighbors.

Many openminded visitors came to see what the commune was all about. But then the rumors began to spread of drugs, outbreaks of venereal disease and nudity. Two girls set up what amounted to a tent of ill-repute on communal grounds. These realities intensified community unrest. There was an arson attempt on the commune, and one evening the house was blasted by shotgun fire. Finally, the state police raided the commune and the house was closed. An injunction was placed on the commune which forbid its use for "fornication, assignation, and lewdness." They were told that if they left the county and did not regroup all charges against them would be dropped. And so Oz died quickly (Houriet, 1971, pp. xxv-xxx).

While these examples are extreme instances of community hostility, they suggest that many hip communes are unable to integrate peacefully with their straight neighbors. The successful ones generally live quietly and try not to blast their radical lifestyles to their neighbors. Often, if the members are sincere in their attempts for survival, they win the admiration of their neighbors. Old farmers are willing to teach the newcomers about agriculture, and often they loan tools to the communalists. Sometimes the commune can promote integration by providing service to their community. Their participation in the life of their neighbors through an educational project, a store or even a church song fest can decrease xenophobic hostilities.

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> *When a white man walks into a room full of other whites, he doesn't feel he is among brothers, like the black man does. In the communes we are beginning to feel that man has many brothers . . . There is a new sense of honesty. You can say things to each other and share things like you never could in the family. I never had so much love in my whole life . . . (Otto, 1971, p. 21).*

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> *The hippie way is in fact a rugged cooperative individualism rather than competitive. The ideal is for people to relate to each other as they feel the need. The problem is that individuals come together on the land with most of the hang-ups they acquired from the society they left. Little improvement in the depth and quality of human relationships can occur under these conditions, as the need for individual freedom takes precedence over the need for community. "Community" means working problems out with others, not just doing what you want to do. It means having to compromise and to do some things that may be disagreeable (Fairfield, 1972, p. 270).*

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The ethic of sharing in a cooperative family entails the development of a collective feeling to reduce the sense of individual isolation. Aside from the everyday contacts, often the ritualistic bond is found in communal meetings in which all members participate. The weekly house meetings are a combination of a grass roots democracy and an encounter session. Members bring up complaints, assign chores and discuss policy issues.

This structure is partially a legacy from radical politics, where participatory democracy was the rule: " . . . making decisions by consensus in that one does everything one can to avoid a vote. One waits as long as possible for a common feeling to take hold of all or most of the people in the room (Lynd, 1970, p. 451)."

The house meeting also serves a therapeutic function. Members confront their peers openly about themselves and their hang-ups with dealing with other people. Although some communes are receiving instruction in sensitivity training, most communes practice a very unstructured form of encounter based on openness and honesty. Staughton Lynd calls this style "direct speaking," which means if you have a gripe about your neighbor you tell him then and there directly what's bothering you.

This openness and group sensitivity often extends beyond the weekly meeting. A critical problem for all first-generation communalists is the alleviation of psychological differences which thwart the growth of a group/tribal consciousness. Often, abrasive and intimidating encounter-like dialogues go on daily. A representative of the communal conscience may berate a person for his inability to live in harmony with the rest of the commune. While this process can foster the new social adjustment, it can also be very destructive. A person is placed in a subtle torture chamber of words, which often weakens loyalties rather than offering a means for creative self-growth.

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Morningstar Commune. Located north of San Francisco, Morningstar was formed in 1966. Its founder, Lou Gottlieb, declared a policy of open land, which meant that anyone could stay on the land as long as he wanted. There are no rules, nor organization; the attitude is that the land accepts the people. Morningstar is not a structured commune, everyone does what they want, although there is a great deal of sharing.

The open access policy led to disaster. Several hundred people came from Haight-Ashbury to escape the nightmare of love. But the transition was incomplete. The urban scene invaded the country. Toilets overflooded, rapes were common, and the open use of drugs brought police. Finally the county placed an injunction on the land and garnished Gottlieb's savings. Gottlieb retaliated by ignoring the injunction and deeding the land.

Currently, many people have moved on and much of the early disorder is subsiding. Although the commune is leaderless, Gottlieb's own personality gives the place an unspoken feeling of tolerance. Now he is attempting to form a religious faith based on mysticism and ecological shamanism to give the commune the solidarity of transcendent purpose.

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> The grand utopian visions of the past have been replaced by a concern with relations in a small group. Instead of conceptions of alternative societies, what is emerging are conceptions of alternative families (Kanter, 1972, p. 165).

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A member of the Walden Two commune:

> *Marriage is a very weak institution. It's supported on the outside by all sorts of pressures which are removed as soon as you get into the community. We remove the pressures and make alternatives available and people do what comes naturally. They will choose to stay married only if that's reinforcing (Fairfield, 1972, p. 72).*

Central to the restructuring involved in communal life is the redefinition of the family. Communalists believe the nuclear family is a major factor in the alienation common to modern life. The family is isolated and loses its ties with other relatives, due to mobility. People become almost entirely dependent upon the nuclear unit for emotional support. A relationship often becomes strained with possessiveness when security replaces genuine love. Equally, it was a sexually repressive bond based upon authoritarianism (Roberts, 1971, pp. 6,38).

The nuclear family placed an undue stress on self-help, so that aid from the outside (such as therapy or a friend) was never sought unless events had reached a crisis point. Finally, the nuclear family stratified roles which consumed time and freedom: women must keep the home, men must work, and children must obey the dictates of their parents.

Many communes have moved away from the nuclear relationship to the extended family. The emphasis on brotherhood and community creates an intimacy beyond the narrowness of the couple relationship. Insulated security is replaced by a collective warmth and understanding. Within this mood, the pressures toward nuclear stability loosen their grip.

Freedom is one result. People are liberated from traditional roles. The social definitions of male and female shift. There is less of an economic-burden, so that the man is not tied to a job. The woman is freer, as there is a communal sharing of cooking and child rearing. When it succeeds, the communal member is enabled to remove one more mask.

In the communes, the eternality of relationship is often abandoned. The individual makes a choice about the duration of the relationship. The couple may decide to persist in a monogamous bond or they may experiment to form group marriages or share many different partners (Melville, 1972, p. 194).

It is a myth that the transition from the old to the new culture is completely smooth. Abandoning monogamy is not a prerequisite for a successful commune. In fact, many communalists believe it to be a natural mode of relationship. Group marriages often increase intimacy problems geometrically, as possessiveness destroys the spirit of sharing. Like so many other shifts of behavior in the commune, the experiment is still in flux.

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Communalists, in so far as they are able to reject excessive materialism, come to see work as a game. The fact is that in a society of affluence, playing at work can produce enough for survival. The idea of work as a game means that, in a sense, hip communalists have regressed to childhood. Children play at work. In this way, the young communalists have given a new meaning to the Biblical dictum that "whosoever shall not receive the kingdom of God as a little child shall in no wise enter therein (Roberts, 1971, p. 135)."

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Sometimes, the adults' desire to communalize their children is so intense that girls will have intercourse with several males during their most fertile days so no one will know who the father is. Because of the strong belief in natural childbirth, as held by the majority of communitarians, babies are most often born completely out of the reach of official sources. This means that just as there are no marriage licenses, so also are there no birth certificates — and

> hence, no Social Security numbers or any other tags or digits or ways of being classified and kept track of by the Establishment. The child, then, becomes a total non-person, so far as the straight world is concerned, completely insulated from the impersonal mechanisms of society, including, most importantly, the Draft. To further ensure non-identification, the children often bear only mystical names or descriptive Indian-style titles, like "Sweetwater" or "Cloud," or sometimes the names of the communes themselves.
>
> (Hedgepeth, 1970, p. 127)

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Child rearing in many communes is generally a shared experience. Children have a group of parents, rather than just two. Communalists believe that the child will then have a number of norms and roles to choose from and thereby avoid the possessiveness and coercions found in the nuclear family. Also, the group shares its ideas on child rearing with each other so that there is a wider acceptance of the new collective consciousness which emphasizes that parents should be caring and nondestructive with the children. The child gains almost a sacred stature in the commune. With the belief by the adults that life is innocence, openness, and playfulness, the child represents the perfection of these ideals. Many adults dissolve the hierarchic split between adult and child, to reach the child on his own terms and celebrate their own child-like openness to living.

However, much of this idealism reflects an essential naivete which is often not innocent, but destructive to the lives of the children. Collective child rearing in theory often means no child rearing in practice. Since there is a great concern to avoid putting any authoritarian "trips" on the child's development, freedom and expressiveness become main tenets of child rearing. This often means that child rearing is avoided, leaving many children in a chaotic state with little sense of purpose, beyond being expressive and creative (Rudikoff, 1972, p. 71). Rudikoff further argues that communal parents operate upon "a refusal to distinguish the children's needs from their own . . . this failure means that the adult's responsibility for the children is capricious, willful, sporadic, unpredictable . . . (p. 71)."

On the Papaya commune in Hawaii, one parent complained that her two children's rearing was given over to a young man who had no experience with children. He turned the children against the parents and placed them in a more oppressive, uncertain atmosphere than they had just left (Papaya, 1973, p. 29).

While Papaya's problem may be an extreme one, the confused idealism and chaotic ambiguity that characterizes child rearing in the communes may pose a threat to future communal success. If the communes are not to be a shallow, one-generation experience, the approach to child rearing must be placed in a supportive, rather than indifferent, context.

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Failure (!)(?)

It is a preoccupation with some communal writers to swell upon the communes that have failed. Since most communal experiments do go through a faster birth and death cycle than larger-scale societies, failure or cessation of activity must be accounted for.

Today, a further problem complicates the question of communal longevity. Many "hip" communes are notoriously unstable; two years is often an exceptional length of time for their duration

(Roberts, 1971, p. 47). Within one context they have failed, but in the eyes of many members, the commune has not failed, because it is not an external commitment. The communitarian experience is a gig, a happening, and when it is over they move on to a new experience. Within this view of life as flux, the commune is a temporary society that solves the needs of the present and little more. One has a series of lives to lead and the commune represents a society, but also a womb that finally expells its members out into another world with a different life style. One member of the Drop City commune described this attitude, "We lead a day-by-day existence, functioning within a loose structure that is always growing and shifting and changing as we change (Voyd, 1972, p. 280)." The commune represents a temporary arrest of flux, and yet the acceptance that change may itself transform the commune; when it's over, it's over.

If we judge the communes by the members' desires for long term stability, then we can justly ask what factors contribute to the maintenance or destruction of that order. One reason for failure for communes is that they are often formed from a negation of values, members com together out of rejection of a corrupt society. Community becomes the result of a negative orientation with few affirmative values. Ironically, solidarity becomes based on the existence of the larger society. Without its stimulus, communards would have little unity. Such a setting promotes many group conflicts, the lack of directed goals often saps any sense of communal purpose and the commune dies (Kanter, 1972, pp. 176-179).

A further problem is created by the transition between the two cultures. While a commune may have established a common purpose and stabilized its physical environment, the psychological transitions may cause panic that the members are not changing rapidly enough. As discussed earlier it is often not the simplest matter to suddenly divest oneself of a lifetime of values. Individualism, competitiveness, monogamy and formality are difficult to dissolve all at once. If members believe that they are not closing the gap between the ideal and the reality quickly enough, the commune may be subject to immense strains that lead to conflict and destroy solidarity.

Finally, stability appears dependent upon a strong, purposeful goal that transcends the individual and focuses the group toward a collective meaning. Service communes, such as in education or therapy, appear to enjoy a greater stability than those communes that are haphazardly ordered. Many religious communes also thrive as a transcendent meaning energizes the collective experience.

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VI. CONCLUSION

Concluding this paper seems to be a premature gesture. The counter-institutions are still evolving, and cubbyholing them into "this" or "that" may do more to darken understanding, rather than enlighten it. Today, we desperately seek prophets to wrest control of seeming chaos. Astrologers to RAND people attempt to tell us what tomorrow will be. This apocalyptic, vatic mood extends to the counter institutions. Their members and admirers believe them to be The Alternative, the wave that will safely carry us into the future and deliver us from evil. Armed with this gnostic optimism, we are plunged into a "system" of creative anarchy, where the liberation of self is the key to the liberation of the world. Yet it is also anarchy, denying the social order and cultural visions that keep the majority of people preoccupied, in favor of a world of flux, change and openness to the future.

The basic challenge that faces these counter-institutions is that no genuine supportive culture has arisen to bind these forms within an identifiable order. No, you say, there is a counter community and it is the basis for these experiments. There are people who are discontent, groups who have gone out in the wilderness, and movements that organize people. But this does not mean that there is community. The only community is the group, the tribal family; beyond that decentralist outlook there is little concern for the ties that might expand the group into a genuine counter community. As we have pointed out in this study, most of these radical movements are in chaotic fluidity. This is not peculiar to them but indicative of a general mood. The intuitive bonds that people once felt toward a counter culture are now cynically questioned. Withdrawal and rebuilding this unity is the means to recover the feeling of togetherness on a small scale. And that is all there is at the present.

The positive vision that the counter institutions present is the attempt to recover meaning in time and tradition. The technological society churns up tradition, hurling us toward more and more unknowns, and blithely walking away from the question of how much man can be uprooted from his stability and survive. The counter communitarians have jumped off this dizzying merry-go-round to find some points of reference to guide themselves, and perhaps serve as a warning to civilization, that things do not always get better and better. They have restored memory to an exalted form, asking that we recover in simplicity the harmony that we can never seem to find. This revision has entailed the restoration of tradition as a counteragent to technological insecurity. They question the myths that we call progress; they examine the place of the family, the reliance on experts and the "normality" of human isolation. It is in these areas that the counter institutions awaken the sense of possibility, the certainty that things do not have to ride us, but we can maintain the equilibrium that balances the individual and the world.

Time moves so quickly today that visions we once cherished often disappear before we fully understand their meaning. It is the fervent drive of the counter institutions to stabilize an extended consciousness transformation into a form that will not be washed away tomorrow, but may provide a meaning for the future.

APPENDIX

MENTAL PATIENTS' LIBERATION PROJECT — STATEMENT AND BILL OF RIGHTS

New York Mental Patients' Liberation Project

Volume 2, No. 4

We, of the Mental Patients' Liberation Project, are former mental patients. We've all been labeled schizophrenic, manic-depressive, psychotic, and neurotic — labels that have degraded us, made us feel inferior. Now we're beginning to get together — beginning to see that these labels are not true but have been thrown at us because we have refused to conform — refused to adjust to a society where to be normal is to be an unquestioning robot, without emotion and creativity. As ex-mental patients we know what it's like to be treated as an object — to be made to feel less of a person than "normal" people on the outside. We've all felt the boredom, the regimentation, the inhumane physical and psychological abuses of institutional life — life on the inside. We are now beginning to realize that we are no longer alone in these feelings — that we are all brothers and sisters. Now for the first time we're beginning to fight for ourselves — fight for our personal liberty. We, of the Mental Patients' Liberation Project, want to work to change the conditions we have experienced. We have drawn up a Bill of Rights for Mental Patients — rights that we unquestioningly should have but rights that have been refused to us. Because these rights are not now legally ours, we are now going to fight to make them a reality.

Mental Patients' Bill of Rights

We are ex-mental patients. We have been subjected to brutalization in mental hospitals and by the psychiatric profession. In almost every state of the union, a mental patient has fewer *de facto* rights than a murderer condemned to die or to life imprisonment. As human beings, you are entitled to basic human rights that are taken for granted by the general population. You are entitled to protection by and recourse to the law. The purpose of the Mental Patients' Liberation Project is to help those who are still insitutionalized. The Bill of Rights was prepared by those at the first meeting of MPLP held on June 13, 1971, at the Washington Square Methodist Church. If you know someone in a mental hospital, give him/her a copy of these rights. If you are in a hospital and need legal help, try to find someone to call the Dolphin Center.

1. You are a human being and are entitled to be treated as such with as much decency and respect as is accorded to any other human being.

2. You are an American citizen and are entitled to every right established by the Declaration of Independence and guaranteed by the Constitution of the United States of America.

3. You have the right to the integrity of your own mind and the integrity of your own body.

4. Treatment and medication can be administered only with your consent, you have the right to demand to know all relevant information regarding said treatment and/or medication.

5. You have the right to have access to your own legal and medical counsel.

6. You have the right to refuse to work in a mental hospital and/or to choose what work you shall do and you have the right to receive the minimum wage for such work as is set by the state labor laws.

7. You have the right to decent medical attention when you feel you need it just as any other human being has that right.

8. You have the right to uncensored communication by phone, letter, and in person with whomever you wish and at any time you wish.

9. You have the right not to be treated like a criminal: not to be locked up against your will, not to be committed involuntarily, not to be fingerprinted or "mugged" (photographed).

10. You have the right to decent living conditions. You're paying for it and the taxpayers are paying for it.

11. You have the right to retain your own personal property. No one has the right to confiscate what is legally yours, no matter what reason is given. That is commonly known as theft.

12. You have the right to bring grievance against those who have mistreated you and the right to counsel and a court hearing. You are entitled to protection by the law against retaliation.

13. You have the right to refuse to be a guinea pig for experimental drugs and treatments and to refuse to be used as learning material for students. You have the right to demand reimbursement if you are so used.

14. You have the right not to have your character questioned or defamed.

15. You have the right to request an alternative to legal commitment to incarceration in a mental hospital.

The Mental Patients' Liberation Project plans to set up neighborhood crisis centers as alternatives to incarceration and voluntary and involuntary commitment to hospitals. We plan to set up a legal aid society for those whose rights are taken away and or abused. Although our immediate aim is to help those currently in hospitals, we are also interested in helping those who are suffering from job discrimination, discriminatory school admissions policies, and discrimination and abuse at the hands of the psychiatric profession. Call the number listed below if you are interested in our group or if you need legal assistance.

Please contact us if there is any specific condition you would like us to work against:

New York Mental Patients' Liberation Project
56 East 45th Street
New York, New York 10017

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A CASE STUDY OF ALTERNATIVE INSTITUTIONS IN NOAH

by

Anne Nemetz-Carlson

I. COUNTER CULTURE AND ALTERNATIVES IN NOAH

There are not many counter culture institutions in Noah, Euphrates there is not much counter culture at all. The majority of townspeople are conservative and not very sympathetic to the relatively new notion of a counter culture, "dropping out," "turning on" and "doing one's own thing." Nor are the people sympathetic to counter culture institutions for care giving: Free schools, women's liberation groups, cirsis drop-in centers, telephone hot lines, communes. The common fate of such attempts is extinction. Reports of counter cultural experiments, all from the last five years, begin with the same phrase, "There once was . . ."

There once was a commune just outside Noah, on the outskirts of town. Some of the members lost their jobs because of the townspeople's fear of contamination.

There once was a group of teens called Christ in People which met once a month, all day. They watched controversial, thought-provoking films, had discussions about the films, ate dinner together, and had a dance in the evening. A Lutheran minister led the group. He was soon after transferred out of Noah.

There once was a Free University, a grass-roots attempt at community education, but it attracted long-haired students and the town labeled it "hippie." It lasted for only a summer.

There once was a Black Beret Party, a militant group which was organized around the issue of open housing, but two white persons were killed one night and it went underground and diffused.

There once was a youth group called the Society for American Youth, which organized a drop-in center downtown. One townsperson suggested that its goals were "to overthrow the government" and "have everyone smoke pot." It fizzled after eight months—lack of support and funds.

The counter culture has existed sporadically in Noah. It may exist in individual persons, but it is not organized into any group effort. Surfacing as an organized counter culture institution in Noah can be fatal.

This is not to suggest that there are not alternatives for youth, which the town supports and promotes. The Optimist Club publishes a handout advertising these mainstream alternatives for youth. Some of the organizations and activities listed in the Optimist's guide are the YMCA, the Noah Jaycees, the Girl Scouts, the Hockey Association, the 4-H, the Recreation Department, the Salvation Army, Drop-In Center. The Boy Scouts list 2400 members in both the Cub Scouts and Boy Scouts in the Noah area, two out of every three boys. Junior Achievement boasts of a membership of 870 persons; in contrast, the combined membership of all the clubs in one of the high schools is only 83 persons.

There are also alternatives to the public care-taking systems in Noah: to the educational system, to the legal correctional system, to the welfare system, and to the mental health counseling system. This paper will discuss some of the alternative agencies which serve youth; it does not aim to be comprehensive, rather, it aims to familiarize the reader with a representative sample of alternative agencies.

The alternative agencies cannot be classified as private; two have official ties to the same system to which they provide an alternative. Funding comes from a variety of resources: the federal government, the state government, private contributions, and the United Fund. Staff backgrounds and credentials are varied. There are doctors with Ph.D.'s, professionals, teachers, housewives, para-professionals and ex-drug addicts. Salaries range from very high to non-existent. The number of clients served yearly by different agencies varies from 6000 to 200. They have one characteristic in common: a sincere caring attitude facilitated by simple non-bureaucratic processing. There is a strong desire to serve as an alternative for youth who have been given or might be given the run-around in the established systems.

II. ALTERNATIVES TO THE EDUCATIONAL SYSTEM

Noah Public Schools were desegregated in 1972, according to the Princeton Plan, not completely voluntarily and not completely without racial incident. Nevertheless, acknowledgement of either of the above facts has been slight. The first year of desegregation was the hardest; the high schools, particularly, had high incidents of racial violence. In one of the schools, the student council hoped to address itself to these recurring racial problems; the advisor ignored the situation and repeatedly refused permission to the council. The two main issues that year on which debate and discussion were allowed were: first, how to obtain longer straws for milk cartons in the cafeteria; and second, whether or not the name of the high school would be imprinted on windbreakers sold by the school after all, everyone's behavior might not be a credit to the high school's name.

At the time of desegregation, the enrollment in the city's parochial schools increased. Some 200 families moved to the, practically speaking, all-white northwest school district. A year later, there is still an under-current of dissatisfaction expressed by many concerning the busing situation in the schools. A common criticism is that the high school students leave for school too early (7 AM) and are dismissed too early (1 PM), leaving them with too much free time on their hands. Atheletes often wait two or three hours for their coaches to be free to start practices. Afterschool activities, for all grades, have been all but eliminated; the return-home busing begins immediately after school dismissal.

Noah Educational Counseling Service (NECS)

The dissatisfaction is not limited to the majority population. The National Association for the Advancement of Colored People of Noah submitted a grant request to the Department of Health, Education and Welfare under the Title VII Emergency Education Act, which had been established to provide funds to help students adjust to integration, since it has been shown that desegregation caused students to be isolated. The Noah Educational Counseling Service was organized to work as an advocate and mediator for students in the Noah Public Schools, and additionally, to provide much needed counseling services to these students. Data from an official report indicates that: a) the unemployment rate for minority young adults is two and one-half times more than for white young adults; b) 40 per cent fewer minority youths than white youths enter some type of higher education; c) most high school counselors do not present minority youth with options for job training, higher education, or entry-work positions. A study conducted during the first term of the 1973-1974 year at High School Number 2 showed that enrollment in the college prep courses was ten to twenty per cent minority students while enrollment in technical courses such as shop and typing was 80 to 90 per cent. These statistics further question the counseling minority students are receiving in school. In the past ten years, fewer than ten black students have graduated from college.

The Noah Educational Counseling Service is an important and viable alternative available to students and parents who find themselves unable to communicate and deal effectively with the school system. The Service would like to make students aware of their rights in school, and how to maintain these rights; it hopes to prevent students from dropping out because no one showed concern and interest in their lives. The agency will mediate in school disputes; it will work for a solution which is acceptable to all the involved parties; it will serve as an advocate for the students if that is deemed necessary. The Service is very cautious in first obtaining all pertinent information from any source before mediation; it makes a conscious effort to achieve fairness and justice. The Service also serves as a school and career counseling agency. It offers students various field trips and cultural activities.

The Service opened its services at the beginning of the 1973 school year; it has helped approximately 65 clients in the first half of the 1973-1974 school year. Eventually, the number of new clients is expected to average approximately twenty a month. NECS is available to anyone who makes a request; however, there is a strong emphasis on service to minority students. It is noted in the NECS *Informer*, the monthly newsletter, that the NAACP is the sponsor agency. The NECS December dance was held in the Martin Luther King Center, a predominantly black recreation

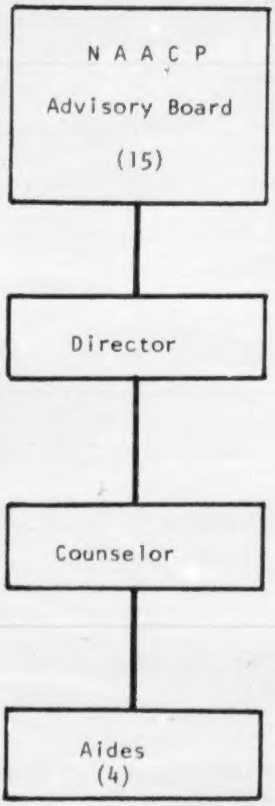

Figure 1. Structure of the Noah Educational Counseling Service.

center. The location of the center alone, next to a pool hall has been attributed as the reason why two white clients failed to come to appointments.

The NECS *Informer* also publishes a Spanish notice urging persons having difficulty with English studies, or involved in conflicts with the schools to contact the agency. A Spanish-speaking aide is a valuable asset in reaching a large, often neglected, Mexican and Spanish-American population in the Noah community. Many of these people neither read nor speak English; their children's difficulties are virtually ignored in the school system. The representative for the Mexican and Spanish-American community has repeatedly requested the school system to hire a Spanish speaking teacher or counselor, and has been told by school administrators that such a teacher does not exist. The Spanish-American aide at NECS was hired upon the representative's recommendation.

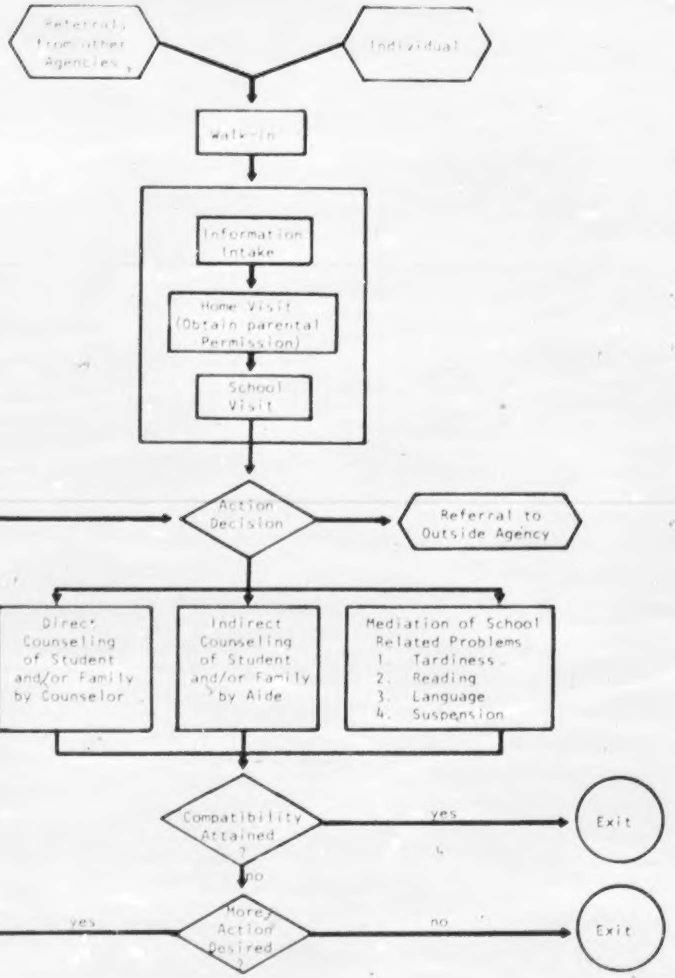
Referrals from other Agencies
Individual
Walk-in
Information Intake
Home Visit (Obtain parental Permission)
School Visit
Action Decision
Referral to Outside Agency
Direct Counseling of Student and/or Family by Counselor
Indirect Counseling of Student and/or Family by Aide
Mediation of School Related Problems
1. Tardiness
2. Reading
3. Language
4. Suspension
Compatibility Attained ?
yes
Exit
no
More Action Desired ?
yes
no
Exit

Figure 2. Noah Educational Counseling Services: Client Processing Pathway.

Two per cent of the students helped by the Noah Educational Counseling Service have been white and two per cent have been Mexican or Spanish-American. The other 96 per cent have been from the black community.

The staff of the Noah Educational Counseling Service consists of a director, a counselor, four half-time aides, and a secretary. The staff itself is racially mixed; there are black, white, and Spanish-American representatives from the community. The director and the counselor are responsible for randomly assigned cases. In addition, there is a National Association for the Advancement of Colored People Advisory Board made up of concerned community participants; the Advisory Board is responsible for informing the staff of educational problems occurring in the community and for discussion of means of reducing or eliminating those problems (Figure 1).

The process of helping a student at NECS is as involved or as simple as each case. There is not an established pattern, save the bare minimum, as each case and solution are different. A very general chart is included, Figure 2, which the five basic steps of the procedure are outlined.

Reasons for referrals have included: disruption of class, truancy, attendance problems, fighting suspension, dropping out, chronic tardiness, reading problems, language difficulties, pregnancy, and unfavorable home conditions. Referrals are commonly made through the schools, either by the principal, teacher or social worker. A parent who has a concern about his son's or daughter's schooling, or has a direct complaint about the school may make the contact with NECS. The students themselves are encouraged to drop in or call; NECS is advertised by a variety of homemade posters and through the NECS *Informer*, and the local newspapers.

Depending on the complexity of the case, it is assigned to an aide who is in the office. The next step is to procure all information available from the student, from the school, and from the home. Parental permission must be obtained; the most common procedure is to make a home visit in order to obtain it.

Problems are categorized into three main areas: counseling needs, school related problems or social services. Problem solving may include one or all of these areas. It is possible that the parent or student need only talk with someone about school or non-school affairs. The problem may be school related; generally conferences are held with the school to settle the dispute. Families of students have been referred to the service for life necessities—clothing, food, or heat in the home. Conferences and counseling would be totally inadequate in such a situation; the needs are more immediate and tangible than talking might solve. The goal of the NECS is school compatibility, a situation in which the student is content being in school and the school is content with the student.

This final goal has not always been attainable by the NECS, and this causes frustration and consternation among the staff. One counselor was particularily annoyed concerning the case of an eighteen year old student who wanted to return to school at the beginning of the year, but the school would not allow it. The boy had only four of the required 26 credits needed to graduate, and the principal steadfastly maintained that his past experience had proven that students with so few credits at age eighteen don't finish high school. The counselor's annoyance was two-fold: that an eighteen year old student would have only four credits, and that the principal would not acknowledge a change in the boy's behavior.

NECS believes in a student's basic right to change and his inherent ability to change, thereby allowing a re-entry into the school system. No student is without hope. The Service would like to focus its attention and counseling services on the younger students to avoid seemingly hopeless cases similar to the above. The director of the Service candidly wonders how to counsel the older students out of the current, fashionable, unswayable life goal of being a pimp. Three of their students are now in jail, one month of caring couldn't undo years of neglect. The next year's proposal, however, will not include the suggestion for a new target population as that would exclude the older students, and would eliminate their one chance to reenter the public school system. The proposal will include measures for expansion, a request for another counselor, and full-time aides in lieu of part-time aides.

Alternative High School (AHS)

Another alternative for youth is the Alternative High School. It offers problem youth in Noah an opportunity to stay in school, to improve basic skills, to readjust to a school discipline, and an eventual opportunity to reenter the regular school system. Most of the NECS referrals are to the Alternative High School. The school enrolls one hundred students at one time; the intention is to have a twenty five per cent turnover each quarter, thereby serving two hundred students yearly. Funding comes from the Office of Criminal Justice Department, Title I, Omnibus Crime Control and Safe Street Act and the Noah Public Schools, 60 per cent and 40 per cent respectively.

The Alternative High School program originated four years ago in the Adult Education Department of the Noah Public School System, when the director noted that there were four hundred students enrolled in the Adult Education Program who were under eighteen years old. Their presence signified that the public schools were failing many students; it also meant the Adult Education Program couldn't concentrate on the adult population. Adult Education set up an informal gathering place for these students and called it "The Drop Out Center for Continuing Education."

The next year the program received federal government funding, and a new title, "Youth-to-Youth," and met in a second story store front downtown; it was still administered by the Adult Education Department. The program quickly gained a bad reputation around town; it was housed in the old Society for American Youth headquarters and carried its tarnished reputation.

The following year, 1972-1973, the program was again moved, to an old unused school building. The change of location quieted a few critics, but on the whole, the criticism continued. There was too little structure, too much freedom, too little school, and the majority of students were black. There was no open door policy with the regular high schools, which defeated the basic goal of the program, reentry into the regular schools.

The program is in a very tenuous position for the 1973-1974 school year. Knowledgeable critics, unfriendly skeptics and neutral observers agree that it is doubtful that the school can obtain LEAA (Law Enforcement Assistance Administration) funding one more year. Consequently, the school must prove to the Noah Public Schools Administration and to the Noah community that the Alternative High School is an important and effective alternative to the traditional high school, and a vital part of the overall school system. Changes have been made in policies and programs in order to achieve this goal. The major difference is that the Alternative High School is now a part of the regular school system, not part of the Adult Education Program. Consequently, there is an open door policy with the other secondary public schools; a student may reenter the regular high school when the Alternative High School staff and the student agree he is ready. The teachers have been given contracts and are entitled to union benefits, e.g., substitute teachers are now available. Previously, if a teacher were absent, the principal or the counselor had to act as a substitute teacher. The Alternative High School plans to serve twice as many students this year as last, with three to six months the recommended average length of stay in the Alternative High School. There is more structure in the school itself—a student may not hang out in the halls, or skip classes—he is asked to leave the building. Prolonged unexcused absences are taken as an indication of student's disinterest and the student is dropped from the enrollment. The students' visitors to the school must be approved three days in advance; visiting privileges are based on the student's behavior.

A student may enter the Alternative High School from a variety of sources. The most common method is by a referral, which may come from any of the following: the public schools, the court, the Juvenile Home, NECS, the Adult Education Program, Department of Social Services, or the private halfway house. Or the student's parents or guardians may contact the school on their own. Enrollment from referral is dependent on priorities and a waiting list. Alternative High School has a contract with the Ruth Meade Home (RMH) (which will be discussed in more detail in section III), to enroll its girls, whether they are pregnant or not. These girls from the Ruth Meade Home head the priority list at AHS; the school will enroll them immediately regardless of the school's total enrollment. This arrangement stems from a previous one between the RMH and Adult Education, wherein that department ran a day school at the RMH for all pregnant girls.

A group of students were recuited over the summer preceding the 1973-1974 school year, as a safeguard measure, assuring a high level enrollment for the official fourth Friday headcount, on which state aid to the schools is based. To facilitate this recruitment, the AHS asked for lists of potential "dropouts" from junior high schools, senior high schools, the RMH day school and the Noah Intermediate School District. The principal and the counselor made telephone contact with the parents of the problem students. They explained the program to them and set up individual conferences with the interested parents.

It is doubtful that this recruitment will occur again; AHS admits it was a mistake. The effect of the summer recruitment was to swell the beginning school year enrollment to full capacity. Many of the students who were referred to the AHS after school started had to be placed on an approximate two month waiting list, depending on priorities. A more realistic approach to the head count has been suggested by the school board — to set the enrollment of the AHS at an arbitrary but official number of 85, regardless of actual enrollment.

The priorities for enrollment reveal the nature of the target population the AHS hopes to reach. The first priority has been mentioned, fourteen, fifteen and sixteen year old girls living in the RMH. The second priority is younger students (fourteen, fifteen, sixteen) referred by the schools. These students have had contact (a euphemism for having gotten in trouble") with the administration of a school for behavior problems or poor academic performance; girls are higher priority than boys in this category. The third priority is court referrals; the fourth is referrals from other agencies (Ruth Meade Home, NECS, Department of Social Services). The sixth and final priority is older students who have had a long history of problems in the schools.

Entering students have an initial screening conference which is attended by the principal, the student, his parents, the counselor, and sometimes the psychologist. The program and its goals are explained to the prospective participants; the student is asked to make a commitment to the program. He can at this point reject the program. The AHS may also suggest that he undergo a waiting period to think things out. A second meeting is then scheduled with the counselor, to work out a schedule of classes. The counselor is also responsible for taking new students around the school and introducing them to their prospective teachers (Figure 3).

The schedule for a student varies according to his interests and needs. In the morning, math, reading and writing are taught in hour periods from 9:30 to 12:30. The afternoon is reserved for three electives the choices include: sewing, cooking, art, gym, business skills, and social studies, also taught in hour periods from 1:30 to 4:30. Major and minor projects are generally contracted between teacher and student. Class work is individualized for the particular student and his interests. The art assignments are written out on a large poster in the front of the room. Four increasingly complicated levels list specific projects; the student is encouraged to work through each level at his own rate. Grades are given, but the "curve," if there is one, is more flexible and grades tend to be in the A-B range. Students also attend a weekly forum session chaired by two of the staff members, a sort of modified rap session. These forums stress socialization and familiarization skills, and work on problem solving. The sessions are not group therapy.

A student can be enrolled in the AHS concurrently with other educational programs. He may work in the co-op program which combines school and employment. He may attend some regular classes in the high school, although this is uncommon. He may be involved in the career center program in which students receive credit for career training. Currently there are two students

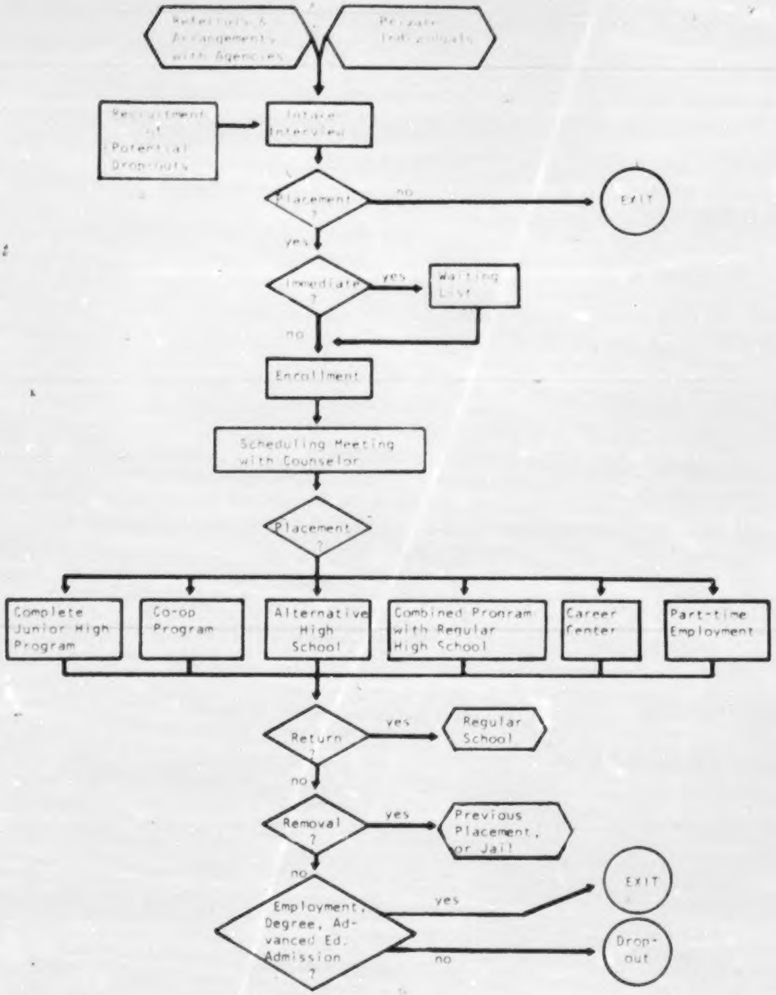
Referrals & Arrangements with Agencies
Private Individuals
Recruitment of Potential Dropouts
Intake Interview
Placement ?
no
EXIT
yes
Immediate ?
yes
Waiting List
no
Enrollment
Scheduling Meeting with Counselor
Placement ?
Complete Junior High Program
Co-op Program
Alternative High School
Combined Program with Regular High School
Career Center
Part-time Employment
Return ?
yes
Regular School
no
Removal ?
yes
Previous Placement, or Jail
no
Employment, Degree, Advanced Ed. Admission ?
yes
EXIT
no
Drop-out

Figure 3. Noah Alternative High School: Client Processing Pathway

in cosmotology, one in auto mechanics, and one in drafting. A student has innumerable options and exits leading from the AHS program.

Of the students enrolled in the AHS in the school year 1973-1974, 70 per cent are white and 30 per cent are black. Approximately 98 per cent of the parents of the students have high school or less education background, one per cent have some college and one per cent have a college degree. 50 per cent of the families have incomes less than $6000. 30 per cent fall in the $6000 to $10,000 bracket, 20 per cent in the $10,000 to $14,000. No one makes above $14,000.

Students with special needs are referred to various agencies in the area. A student looking for employment will be sent to the Neighborhood Youth Corps, a federally funded program operating out of Community Action Agency which finds employment for youths with family incomes under the economic guidelines; this is ths most common referral made for a student. One student is in therapy at Blanche Johnson Mental Health Clinic. Many students already have social workers, caseworkers, and counselors whom the AHS may contact.

The primary goal of the AHS is reentry into a secondary high school program. Some students do this by earning some high school credits at the AHS; some may be completing only the junior high school program. Students may complete their high school education at the AHS and receive a diploma from adult education. Others may gain admission to advanced education where a high school diploma is not a necessity. Others may learn enough to pass the Graduate Equivalent Degree. Others may find employment. Approximately three to ten students are living in the Juvenile Home and may return to the day school program there; this move is considered a threat. Unfortunate options, but real ones, are dropping out or running away for one reason or another, and being dropped by the AHS. These options appear in Figure 3.

There are five teachers in the AHS, who teach basic skills in the morning and specialize in the afternoon. There are seven professionals who work in the school; a full-time counselor, a full-time clinical psychologist, two half-time school social workers, a half-time consultant for the emotionally impaired, a part-time evaluator, a part-time speech consultant, and a part-time nurse. The principal is the main administrator. In addition, there are two secretaries, a custodian, one teacher's aide, and a paraprofessional attendance counselor. The staff chart is reproduced in Figure 4.

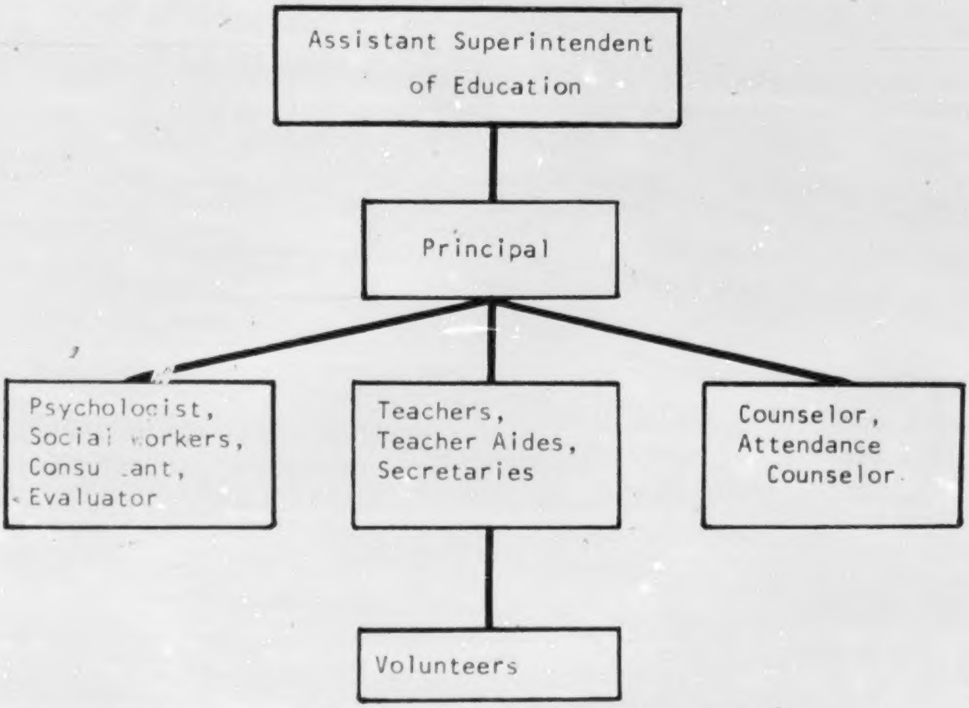
Assistant Superintendent of Education
Principal
Psychologist, Social Workers, Consultant, Evaluator
Teachers, Teacher Aides, Secretaries
Counselor, Attendance Counselor
Volunteers

Figure 4. Structure of the Noah Alternative High School

The AHS is in a constant process of change and growth. Plans for next year include a totally new structure and redirection. Whether the AHS survives one more year will be the criterion for judging its success or failure in the community of Noah. Its day to day mundane operation is proof of its role as an alternative for students who cannot cope with regular high school.

III. ALTERNATIVES TO THE LEGAL-CORRECTIONAL SYSTEM

The Ruth Meade Home (RMH) defines itself as an open, residential therapeutic home center for problem girls, prejuvenile delinquents who have not been able to exist in family or foster care and who might otherwise be confined to the state Girl's Training School or the Noah Juvenile Home were it not for the RMH. They may be pregnant; the majority are not. The Home serves as an alternative to confinement in a legal, correctional institution. The goal of the Home is for each girl to demonstrate growth toward being able to relate to others; it knows of no magic that will turn damaged and badly treated youngsters into functioning adults.

The change in philosophy and program of the RMH occurred in the beginning of the 1972 year, after a careful assessment of community needs and resources by the United Community

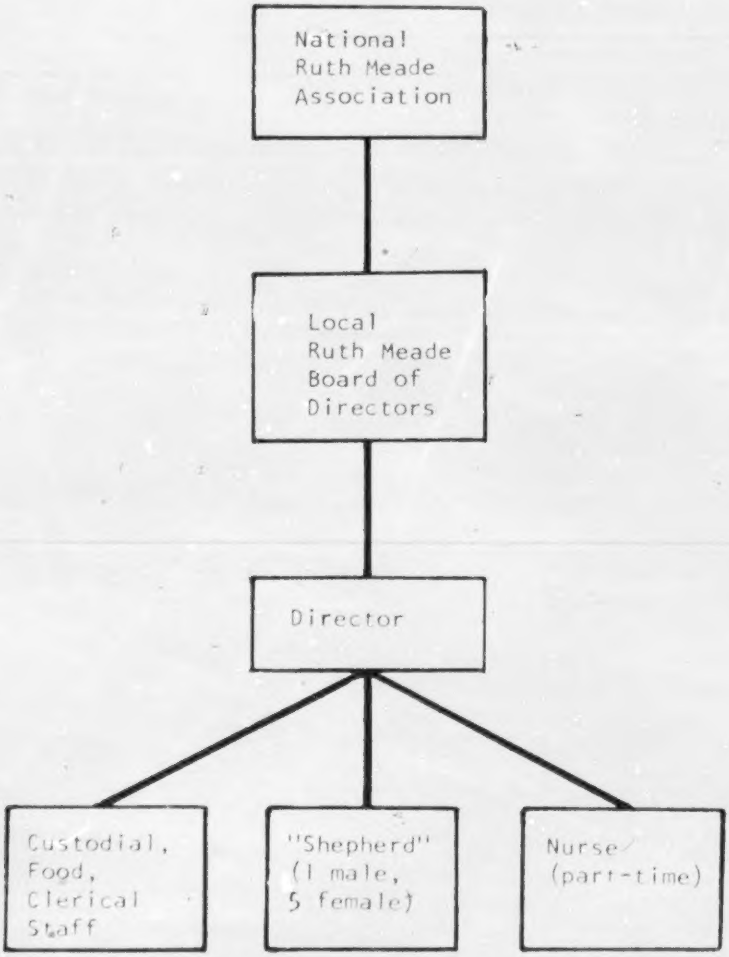
National Ruth Meade Association
Local Ruth Meade Board of Directors
Director
Custodial, Food, Clerical Staff
"Shepherd" (1 male, 5 female)
Nurse (part-time)

Figure 5. Structure of the Ruth Meade Home

Services and the Ruth Meade Board. The opinion was that juvenile, delinquent girls had not been recognized as needing care, but instead were confined to the Girl's Training School in Trahey. The program began in chaos, the actual procedures of the program have since been ironed out and finalized. The director realized that such a program must work within the establishment in order to be successful. She believes that if their program can work in Noah, such programs for the socially unacceptable can work in most other places.

The Home is licensed by the State Department of Social Services for twenty-four girls. The majority are placed in the Home as Couft Wards. Before being placed in the RMH a girl's history may read: own home, foster home, runaway, the Girl's Training School, foster home, runaway, foster home. Their backgrounds show a consistent pattern of failure in every attempted living situation, and a vicious pattern of shuttling back and forth from one home to the next. Backgrounds also include a history of sexual activity and drug usage.

Sixty-five per cent of the girls are white, twenty-five per cent are Black, and ten per cent are Chicano. Sixty per cent come from homes where parents have had less than a high school education, thirty-five per cent from parents with a high school education. Seventy per cent of their parents have incomes under $6000, while twenty-nine per cent of their parents have incomes between $6000 and $10,000. The girls' ages range from fourteen to seventeen years. Of the 82 girls served in 1973, 27 were pregnant and 55 were not.

The staff of the RMH includes a director, five female live-in shepherds, and one male shepherd, one cook, a secretary, a part-time nurse and a handy man (Figure 5). The shepherds are so titled to eliminate sterotypes of more common titles; caseworkers, counselors, therapists, social workers, child care workers. Most of the girls have had repeated and unsuccessful contact with all of the professionals mentioned. The shepherds are on call for consecutive two or three day (twenty-four hour) shifts, and have the following three or four days off; they work in pairs or in threes. Their role is to build positive relationships with the girls and to provide them with a competent adult model. They do not do cross-the-desk counseling but live, work, play and get mad at the girls. A shepherd will be called upon for counseling, chauffeuring, loans, companionship and advice while on duty.

Placement in the RMH generally begins with a phone call during which the basic situation is explained. Any information which will help the placement decision is accepted — court statements, social histories, psychiatric and psychological evaluations. An intake interview follows; present are the director of RMH, the girl, her caseworker, and sometimes her parents. Assessment is made during the interview whether the girl can be helped by the RMH, whether she would be too disruptive, whether she is too young, and if she is pregnant, could better be served in a maternity home. If she is accepted a date is set for her to move in.

There are six options for a girl who is leaving the RMH. She may return to her own home; that is a possibility but not a common occurrence. She may go into a foster home; there is hope that after her stay in the RMH that she will be better able to relate and consequently exist in such a home. She may go to independent living. She may be placed in the Girl's Training School or another similar institution. Finally she may run away and go underground. The possibilities are presented in Figure 6. Of the 82 girls served in 1973 at the end of the year: 23 returned to their homes, eleven had gone to foster homes, six moved to independent living, two had gone underground, two transferred to the Girl's Training School, thirteen to Juvenile Home, one got married, one went with a carnival, two transferred to mental hospitals, 20 were in residence, 22 babies were born well and two twins were stillborn.

The RMH operates on a level management system, employing behavior modification techniques. The staff sees the girls as needing structure; but they have attempted to structure a system in which there is time to think and freedom to act. A chart showing the levels is included in the Appendix. The level system is viewed not as an end, but merely as a means of growth and control. The staff also finds it easier to deal with goofs rather than bad behavior. A large but simple level board is located in the hallway signifying each girl's progress.

Most of the girls during their stay at the RMH are enrolled in the Alternative High School. Most of them have records of previous failure in school and placement in the traditional high school would continue this history. Since many of the girls' basic skills are below grade level, the remedial work at AHS is important for success in school. A few girls attend the regular high school; more will reenter the regular high school from the AHS when they are ready. Girls sixteen and over who are not scholastically motivated need not attend high school if they prefer to work and can find employment.

The RMH is no longer the hideaway it once was for the unlucky middle class girl who happened to get pregnant. If such a girl were referred to the Home, the director would refer her to other maternity homes which still have that type program. The director insists that she would

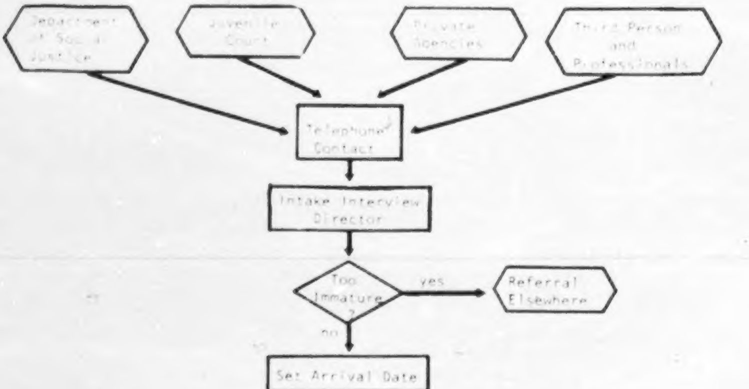

Figure 6. Ruth Meade Home: Client Processing Pathway.

do the same for any thirteen year old youngster; the environment in the house would be harmful shock to younger girls and middle class pregnancies. Pregnant girls in the RM program receive the same basic treatment as the other girls; they are enrolled in school, and they are on the level economy. They come with the same assortment of problems their pregnancies are but one of these. In addition, they receive prenatal care from the medical center. A girl's decision about her baby will determine whether she remains in the Home or not. While there is a new program sponsored by the RM Association, which runs other homes as well as the one in Noah, in which a girl can keep her baby, and stay in the home, that option is not available in the program at the RM Home in Noah. If the girl decides to put her baby up for adoption, she may remain in the Home. Deprived girls are usually unwilling to give the baby up. Consequently, this is not the common procedure followed by pregnant girls in the RMH. Another option is to keep the baby and live independently. The drawback is that a girl must be old enough to do this, and have some means of support. A girl is not eligible for ADC aid if she is sixteen, and only is eligible for aid at seventeen if her parents have terminated all obligations for her. A better solution is to put the girl and her baby into a foster care home. This provides built in security for the baby if the mother opts to withdraw from the situation; it also provides mothering for the mother who is still a child herself. The director describes the girls at RMH as world wise and utterly naive.

The staff tries to be non-judgmental but value oriented, a hard distinction to achieve. There is a continual self-evaluation of values. One of the most important values they hold is the value of the self, an individual's self-worth. The value is transmitted in relationships which the girls are encouraged to establish, relations which are not harmful to the self and others.

IV. ALTERNATIVES TO THE SOCIAL WELFARE SYSTEM

There is no agency that can operate as a real alternative to the Department of Social Services. Poverty based economic guidelines serve as the measure for eligibility for all services and money from DSS. Although services and money are kept separate in the department, a person is not eligible for any service unless he is first eligible for aid. There is no private or alternative agency competing with the state and federal government to provide welfare payments. It is the most expensive type of care-giving, and consequently one of the most unpopular. In terms of sustaining personal income and essentials, DSS is the only resort for many persons.

To apply for aid at DSS, in Noah, one must subject oneself to the thorough scrutiny of a suspicious receptionist. The individual must undergo a thorough reexamination of untapped, perhaps forgotten resources with the intake worker: a high-interest bank loan, a relative with a small savings account, the possibility of moving in with another family. Several of the intake

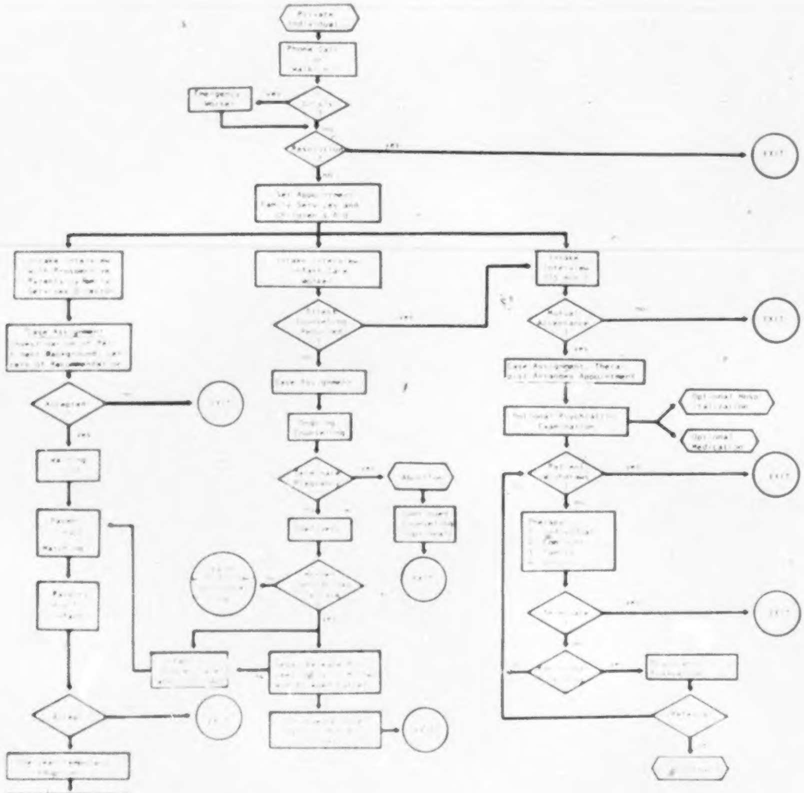

Figure 7. Family Services and Children's Aid: Client Processing Pathways.

workers in the Noah office are very successful in this reexamination with prospective clients; they are commended for their efficiency in effectively limiting the number of persons receiving aid and services from DSS.

The private sector of care-giving in Noah can accomodate an assortment of needs if DSS will not or cannot. Some of these agencies are nationally organized, others are unique to Noah and are a reflection of the community care-giving goodwill. The Salvation Army will provide food. Catholic Social Services (CSS) has an Emergency Assistance Fund; it is used on odd occasions. For example, when a twenty-one year old mother of four children, whose husband was in prison, had been turned away from the DSS after inquiring about her three day late ADC check, she was informed that she hadn't waited the necessary five days to report a late check. CSS gave aid.

The Clothing Center, staffed by volunteers and housed in a school-owned rent free building, provided children with four thousand pieces of donated clothing during the 1972-1973 school year. The Kiwanis Club donated $3500 each year for new shoes and books to the Clothing Center; the Junior Dorcas Club donated money for new underwear and socks. The Noah Dental Clinic, a volunteer association of dentists, offers discount rates for dental services to needy persons. United Community Services provide a list of over 100 pages of various agencies and their respective service available in the Noah area. No one agency offers the comprehensive services that the DSS can offer; consequently the client needs to be an agency-wise shopper.

Family Services and Children's Aid (FSCA), a United Fund Agency, offers two kinds of services: 1) foster care, adoption, and problem pregnancies, and 2) stress counseling (Figure 7). The counseling service will be later discussed as an alternative to the Blanche Johnson Mental Health Clinic; the foster care, adoption, and problem pregnancies services are an alternative to DSS. The agency is rather small; there is an administrative director, six therapists (one of whom is the director of professional services), and five part-time student interns and five to eight volunteer case-aides, trained by the agency itself (Figure 8). An advisory counseling board oversees the total agency. The work load is heavy: each therapist has an average caseload of 80 clients or families and several of the therapists work evenings and weekends to accomodate their clients. The average waiting period for clients is one to two weeks; the backlog frustrates the staff who understand the immediate needs of a client seeking help. The philosophy of the agency is to treat the person not the problem; they prefer to view people as human beings, not numbers and statistics.

Persons who come to FSCA have a slightly higher income than those served at DSS; they are barely above the poverty level, but uneligible for aid and services at DSS. Approximately 50 per cent of the people are unemployed, have no income, or are making below $6000 for the year. Most persons with incomes over $15,000 go to private practitioners for counseling, although a few seek help from FSCA. All persons are charged on a sliding scale at FSCA. The problems handled by FSCA seem less severe, more specific, not overwhelmingly complex. The families are more or less intact; they are seeking preventive intervention, not crisis intervention. FSCA workers estimate their clientele to be 83 per cent white, 12 per cent black, 3 per cent Spanish-American, and 2 per cent Oriental. However, a sample of 139 cases which included problem pregnancy, adoption, foster care and stress counseling for 1972, showed their clientele to be 95 per cent white, 4.3 per cent black, .07 per cent Oriental and 0 per cent Spanish-American.

Two of the six therapists, titled Infant Care Supervisors, work mainly with the foster care, adoption and problem pregnancies. In 1972, there were approximately 65 children placed in eleven different foster homes in the area. There are three categories of placement: 1) pre-adoptive children, 2) mentally retarded children from a nearby institution, 3) and children whose parents cannot cope with their situation (neglected and abused children). In 1972, 52 of the 65 children were in the pre-adopt category.

FSCA also provides adoption services. Although the demand for children remains steady, the availability of babies has been severely decreased by more effective birth control, the legalization of abortion and the changing values of society which allow unwed mothers to keep their children. Abortions decreased from 87 in 1970 to 49 in 1972.

Adoption is one option discussed in the counseling of girls with problem pregnancies. The others include abortion, keeping the baby, and marriage. Abortions are referred to three doctors in town, counseling before the abortion is necessarily short-term but can continue at FSCA. Last year FSCA ran a therapy group, nicknamed "The Keepers," for unwed mothers who had decided to keep their babies. Problem pregnancy counseling often includes parents, boy friends, or husbands, as well as the individual. The decision to marry can involve pre-marital in addition to problem pregnancy counseling.

Although the more common adoption process is ongoing counseling during pregnancy, FSCA receives calls immediately preceding and following delivery. The worker visits the hospital

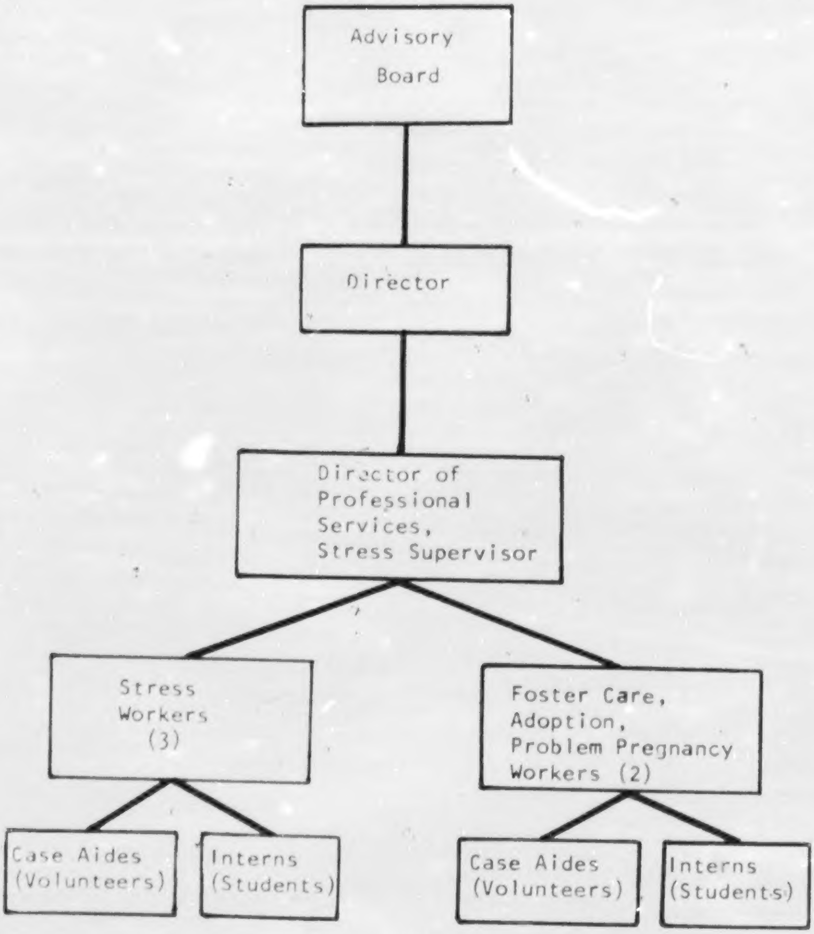

Figure 8. Structure of Family Services and Children's Aid.

and helps the mother clarify her thinking. If adoption is desired, the mother must sign a thirty-day release form for the child. The baby is placed into a foster home directly from the hospital. The adoption process involving the prospective parents begins; they have already been screened by the director of the agency and counseled about the procedure. More than likely they have been on the waiting list for several years, if not more. In 1972, 278 persons requested adoption; 136 of those are on the 1973 waiting list. During this interim period, the natural mother can receive counseling and reassurances from FSCA that she has made the right decision for herself and her baby and that she will be able to live with the decision. She and the alleged father must sign a release form in court before matching with adoptive parents can be done. The baby remains in the foster home for approximately one month while the adoption process and counseling proceeds. The adoptive parents, at the end of the 30 day waiting period, must view the baby. Generally, they take the baby home the following day.

The second group of children in foster care are mentally retarded children who have been previously institutionalized at a nearby state hospital. FSCA has a contract with the state to provide and administer foster care for these children, according to the newly legislated compensatory education act. The arrangements for withdrawal from the institution and foster care are made with representatives of the hospital, not the parents. Legal forms and waivers are negotiated between FSCA and the legal guardians (usually the institution) of the children. There may be contact with the parents later concerning visiting privileges and school decisions. This program hopes that eventually the children will return to their homes; the impression was that it is a worthwhile goal, but unlikely. The program is relatively new, and therefore, no average length of stay can be stated. Four children are currently in this foster care program.

The final category of children in foster care are those whose parents walk-in or call FSCA, unable to cope with their situation and their children. Often the children are hungry, sick, dirty and emotionally deprived; they may have been neglected and or abused. The caseworkers cannot always specify when to take the children and when to make formal arrangements. A parent may walk in and simply say, "take them, now." Caseworkers would prefer a few days to make the arrangements; they take the children as soon as possible, or immediately. A fact sheet is filled out, with the pertient information, the parent or guardian signs a legal agreement with FSCA, a 30-day release form. Counseling is done with the parents, and with the children, if necessary. Contact with foster home is maintained by the agency. This type of foster care generally lasts three to ten months.

Counseling is an integral part of the foster care, adoption and problem pregnancy services of FSCA; it is difficult to discuss a process without discussion of the involved counseling. The person-to-person problem solving of FSCA, not the processing, makes FSCA a vital alternative to DSS.

V. ALTERNATIVES TO THE MENTAL HEALTH SYSTEM

There is something intimidating in the name Blanche Johnson Mental Health Clinic. It would seem that a person would have to be actually crazy to go there, not merely "depressed," not "just drinking too much," not just "a little over-anxious" about a job. Alternatives to the Mental Health Clinic are not abundant in Noah. Drug and alcohol abuse are common and troublesome enough problems in the community to warrant study and research by the County Health Department. In addition, there is a citizen-organized Substance Abuse Council, which is specifically interested in establishing an effective method of drug education; it was originally intended to effect drug prevention also. The Council's philosophy is that drugs are not a symptom of a disorder, but of an emotional need. Thus, the emphasis is on substituting another treatment for drugs. Drugs have become an alternative, but a rather ineffective one.

A more common and more accessible alternative to the Mental Health Clinic is telephone counseling. There is no stigma attached to it; there is no public admission of one's craziness. Counseling is available via two phone numbers, one a clearing house for any assortment of problems, one dealing only with pregnancy. Both agencies train volunteers to take the calls; the counseling, consequently, might be considered amatuerish by skeptics, but it proves also to be empathic, sincere and humane.

The Emergency Counseling Clinic (ECC)

The Emergency Counseling Clinic provides over the phone counseling nineteen hours a day, between the hours of 7 AM to 2 AM. The volunteers are replaced by an answering service which usually refers callers to MacDonald Hospital. The service will be expanded to 24 hours as soon as there are enough volunteers. The ECC's main function is to provide crisis intervention rather than therapeutic intervention. The counseling is intense, but consequently brief and usually limited to a single call; it helps the caller cope with the immediate situation, and a referral is made. Ninety per cent of the calls are referred to other agencies; of the remaining ten per cent, seven per cent are drug related, two per cent are pregnancy related, and only one per cent involve some short term counseling one or two visits.

ECC, after a short and unstable history, is now administered by the PA 67 Board. It originated in the Social Service Department of MacDonald Hospital, providing a much wider array of services: group therapy, methadone treatment, and crisis intervention. It became obvious that the hospital setting dictated and limited the services provided, so much that the needs of the community could not be met.

The Drug Abuse Council combined ECC with the YMCA's Hotline, whose purpose was effectively the same. However, the Council found that the ECC was consuming the Council's total budget and time, and was shifting the Council's top priority, drug education, into nonexistence. Thus, a third change came when ECC was picked up by the PA 67 Board as part of the services available for the better mental health of the community.

A coordinator, an administrative assistant, a volunteer recruiter and a secretary oversee approximately 53 volunteers (Figure 9). Two volunteers work on a shift, 11:00 AM to 2:00 AM. The secretary answers the phones from 7:00 AM to 11:00 AM, and an answering service fills the 2:00 AM 7:00 AM gap. Volunteers are recruited from service clubs, churches and schools, through radio publicity and newspaper advertisement. Training is held once every three months over a weekend: Friday night, Saturday, and Sunday afternoon. The first session of the training program involves a presentation and discussion of theories of crisis intervention. An introduction to the center and its goals follows; listening skills are developed and improved upon, a healthy helping attitude is defined and practiced through role playing. In this session, the volunteer learns the difference between empathy and sympathy, and the difference between crisis intervention and therapy. After the weekend training, in-service training lectures are presented dealing with suicide, drugs, depres-

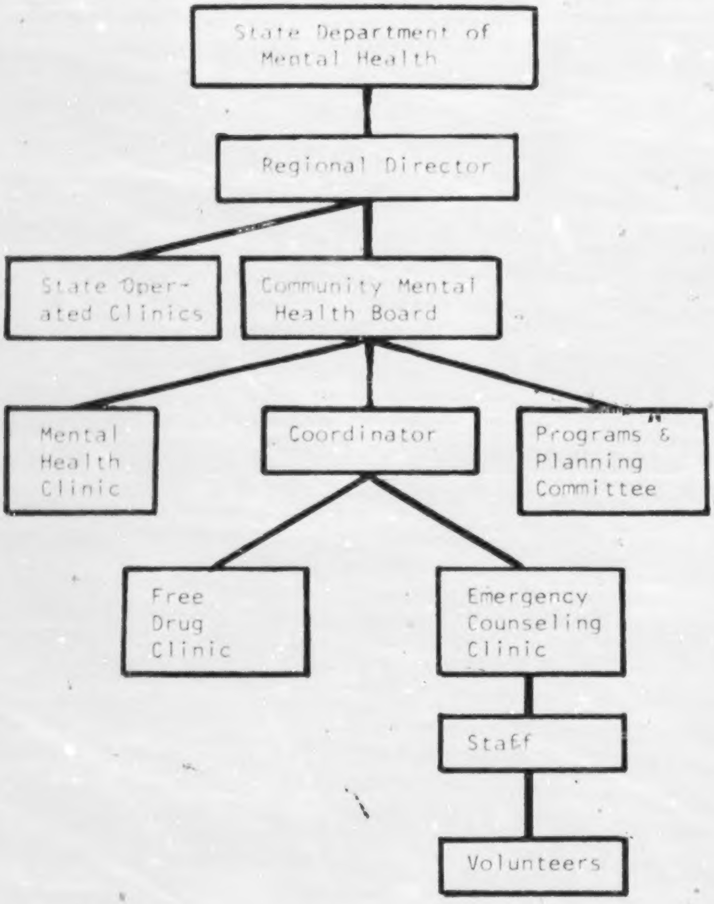
State Department of Mental Health
Regional Director
State Operated Clinics
Community Mental Health Board
Mental Health Clinic
Coordinator
Programs & Planning Committee
Free Drug Clinic
Emergency Counseling Clinic
Staff
Volunteers

Figure 9. Structure of the Emergency Counseling Clinic.

sion, hysteria, pregnancy and sexual problems; the lecturers tend to be professionals from the community. The volunteer observes the volunteer shift on phone duty until after the suicide lecture; then he is allowed to work. New volunteers never work alone nor with other new volunteers. Six months is the average length of stay of volunteers.[5]

Ninety per cent of the calls coming into ECC concerns a specific problem and a referral is made. The contact is short, lasting only the length of the phone call. Seldom is the name of the client taken; consequently follow-up is virtually impossible. Agencies to which the caller is referred vary depending on the nature of the problem. A transient would be referred to the Salvation Army; housing problems would be referred to Catholic Social Services which houses the Interfaith Council Housing Office. Catholic Social Service will provide emergency food relief. ECC has three persons who will provide temporary shelter.

All narcotic related calls are immediately switched to the Drug Free Clinic, also operated under PA 67, a licensed center for methadone distribution and long term drug-related counseling. ECC handles calls dealing with soft drugs. ECC can perform pregnancy testing if the pregnancy is

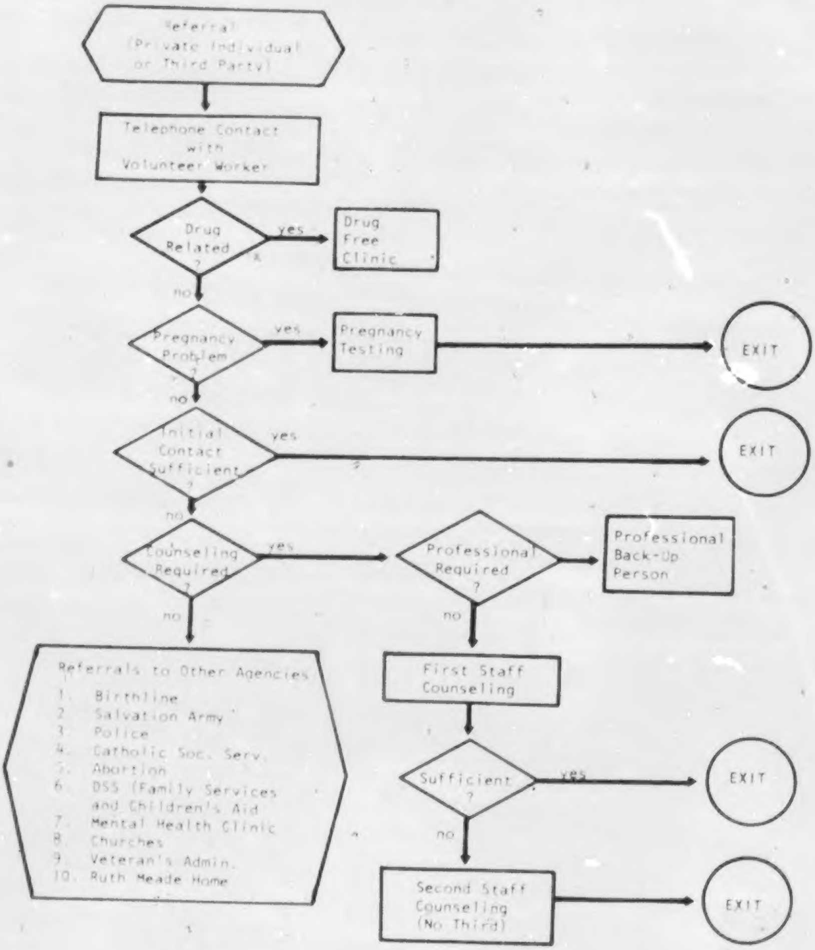

Figure 10. Emergency Counseling Clinic: Client Processing Pathway.

unconfirmed; approximately ten of these tests are performed each month. Confirmed pregnancies are referred to Birthline or to an abortion clinic, depending on the caller's preference. Two per cent of the calls are pregnancy related. Long term counseling, non-drug related, is prohibited by the PA 67 Board specifications. Short-term counseling, one or two visits, is available but not recommended; only one per cent of the calls make use of this option. The more common procedure would be a referral to Blanche Johnson Mental Health Clinic or Family Services and Children's Aid. The procedures of ECC are presented in Figure 10.

Crisis intervention is the main goal of the ECC but it additionally operates as a clearinghouse for any problems; it can effectively match the caller with an appropriate agency. However, once the referral is made to an agency itself, and not a particular person in the agency, no follow-up can be made on the caller. One must wonder how many persons call ECC, take a referral, and follow through with the next call. Often the second agency can hardly match ECC for its sincerity and interest in the caller.

Birthline

Birthline is also a telephone counseling agency, manned by volunteers trained in empathy techniques, which deals only with problem pregnancies, and offers birth as an alternative to abortion. It is incorporated as a nonprofit, non-sectarian agency, however, there is a strong right-wing, Catholic, right-to-life sentiment in some of their volunteers.

An answering service takes calls on the off hours. The service views itself as a supportive agency; it will do everything possible to see that a pregnancy ends in the successful delivery of a baby.

When a call comes into the agency, the first question the volunteer asks is whether the pregnancy has been confirmed. Free pregnancy testing has been arranged by Birthline at one of the clinics in town. The girl is referred to the clinic; she must come into the Birthline office, located in a hospital annex, to obtain the results. If the result is negative, the volunteers like to talk with her and ask what her plans are. They prefer to let the girl do most of the talking and the volunteer do most of the listening. Volunteers are not allowed to advise the girls concerning birth control; they prefer to stress the worth of the individual person and self-control. They may suggest consultation with a doctor or with a social worker.

If the tests are positive, the girl is given the support and help she needs before delivery, and counseling the options after delivery. She may only want to talk and leave. She may return with her parents who are admantly opting for abortion. A volunteer will accompany her to tell her parents if she prefers. Birthline has a reserve of maternity clothes, baby clothes, layettes and high chairs. They may refer her to DSS for counseling, medicaid, general assistance, and ADC. Payments for ADC are available only after delivery; a sixteen year old is not eligible, and only a "liberated" seventeen year old may apply. Birthline can also recommend established maternity homes outside Noah. Birthline also has free, foster-type homes for girls to await delivery. If the girl shows symptoms of extreme emotional distress, she will be referred to FSCA or Blanche Johnson Mental Health Clinic for counseling. Birthline volunteers have accompanied girls up to the delivery room. After delivery, a girl has three options: to keep the baby, place it in a foster home, put it up for adoption. She is referred to FSCA if she chooses adoption. Throughout the whole process, the girl remains the decision maker. She must ask for all help. The agency never pursues her, calls her home, nor invades her privacy (Figure 11).

The initial volunteer training for Birthline consists of three weekly meetings over a six week period, in which the professional discusses the medical and legal aspects of problem pregnancy and crisis intervention. New volunteers now attend a combination in-service and training meeting held monthly; they also receive on-the-job training with old volunteers. At these in-service training sessions the volunteers are reminded that their position is that of an empathic, non-judgmental listener. On the bulletin board directly in front of the volunteers are three pages of back-up professionals and agencies who are always ready for their calls.

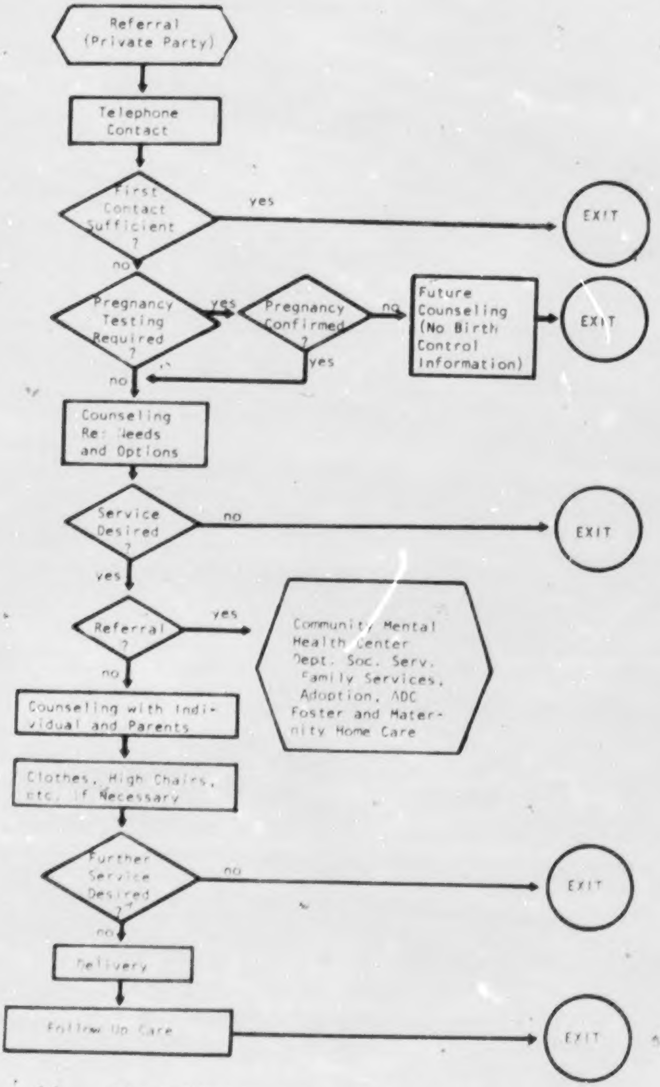
Referral (Private Party)
Telephone Contact
First Contact Sufficient ?
yes
EXIT
no
Pregnancy Testing Required ?
yes
Pregnancy Confirmed ?
no
Future Counseling (No Birth Control Information)
EXIT
yes
no
Counseling Re: Needs and Options
Service Desired ?
no
EXIT
yes
Referral ?
yes
Community Mental Health Center Dept. Soc. Serv. Family Services, Adoption, ADC Foster and Maternity Home Care
no
Counseling with Individual and Parents
Clothes, High Chairs, etc. if Necessary
Further Service Desired ?
no
EXIT
no
Delivery
Follow Up Care
EXIT

Figure 11. Birthline: Client Processing Pathway.

Volunteers are recruited through appeals in church bulletins, through a column in the town's newspaper, by public speaking tours to ladies' groups, and by word-of-mouth communication.

During 1972, the first year of Birthline, the agency received 493 calls, and reported eleven known births. There is a slight increase in the monthly average this year. The clients come mainly from the white, middle class community.

Family Services and Children's Aid (FSCA)

There is another alternative available for persons in need of long-term, professional counseling: Family Services and Children's Aid. This agency has been partially presented, earlier, as an alternative to the DSS in the area of foster care, adoption, and problem pregnancy. However, more than 650 families come to FSCA for stress counseling.

The procedure followed in stress counseling follows a flexible pattern. Cases are not assigned until after the intake interview by the director of professional services; assignments are based on therapist specialization and case load. The intake interview usually takes about fifteen minutes; the main purpose is to gather data and to learn quickly the specific nature of the problem. The client is also advised that the interview is preliminary, that the case has not yet been assigned, but that they would like to discover what the problem is and who is best qualified to help, and very likely he will not feel much relief after the interview. The client case is thus assigned to a therapist.

Once a case is assigned, the therapist's work is very individualized. A therapist is responsible for setting up the next interview, he has his own waiting list and it will generally be over two weeks before he is able to see the client. Depending on the therapist, background information is needed or not needed. One therapist said that 90 per cent of the time he never asks whether the client has seen someone else before; he also does not bother with records from schools, mental health clinics, etc. Another would not think of seeing a client until all this information has been requested and reviewed.

A psychiatrist is in the office once a week for two hours for psychiatric consultation. This is a specialized process and usually occurs once in the beginning of therapy. The purposes vary: the procedure is used for diagnostic testing, for insurance benefits, for medication and hospitalization. Nevertheless, the psychiatric consultation can occur anytime during the treatment period, and can be an ongoing occurrence, especially if medicine is involved. A very small number of patients have been referred by the psychiatrist to the psychiatric ward in MacDonald Hospital and Marie Antoinette State Hospital.

Therapy can take three forms: individual, family, or conjoint: marital, parent-child or a variation of these possibilities. An adjunct type is group therapy; there are an average of six groups in progress, nine to fifteen people are in each group.

The United Fund provides FSCA with almost 70 per cent of its budget. The other sources are fees for family counseling, adoption, a child care, mental health counseling and homemaker clients.

Family Services and Children's Aid, unlike DSS, is very vulnerable concerning its funding; therein lies an important difference between many private and public agencies. A private agency must be preoccupied with its continued existence; a public agency feels it will always exist. FSCA has had to eliminate one of their therapists in 1971; the cutback seriously undermined the security and integrity in the agency. A private agency must also, out of necessity, touch a lot of bases and build community strength, it must be attuned to community attitudes and sensitive to various groups. FSCA has included drug abuse counseling among its services, although probably more effective counseling could be obtained from the Drug Free Clinic.

VI. RELIGIOUS ALTERNATIVES

Religious organizations in Noah provide additional alternative care-taking services for the community. The number and variety of services available are dependent on the size of the congregation, the philosophy of the minister, its history as a care-taking organization and the support of church members. Stories still circulate concerning the fate of ministers and priests who once led protest marches, who organized store boycotts, or who supported open housing. Transfers, reassignments and total rejections have diminished the number of "rabble rousers" and radical members left in the ministry.

Jewish Congregations

The Jewish community is the smallest religious segment in Noah, consisting of only 85 families in the county. The number of organizational groups and services is understandably limited. The Jewish community in Noah does contribute to the Noah Jewish Fund, half of which supports Israel, the other half of which is either donated to the existing agencies and care-taking services, or held in reserve for emergency relief. The synagogue sponsors a youth group. The rabbi was involved with a group of clergymen who did problem pregnancy counseling. This group will be discussed in greater detail later.

Black Congregations

The twenty Black churches are a distinct unit in the Protestant community, serving approximately 10,000 persons. Historical forces, as well as size have significantly influenced the care-taking role of the Black churches. During the 1940's and 1950's, the churches were affected by a great wave of black migration; the churches' populations were in a constant state of flux, as often the entire extended family would move in or out of Noah overnight. In addition, there was the constant and real fear of fracturing within the church. A church member in disagreement with the minister might start his own church, and take as many as half the original congregation with him. Acknowledging this historical tendency toward instability, the Black churches prefer to support existing public care-taking agencies rather than start their own and potentially weaken their own structure by undertaking too many activities. The ministers of several black churches sit on advisory boards of the care-taking agencies; these boards determine the policy and select the director of the agency. Members of the church serve as foster parents for children who are Wards of the Juvenile Court. A group from one of the churches visits the Parry Rest Home twice a year. Several persons are involved in the Florence Parole Camp Counseling Service. There are also emergency relief funds available from member's contributions; a board may or may not review requests for funds depending on the immediacy of the need. One minister stressed the fact that this is not a loan fund; this financial assistance has no strings attached to it.

A more active role for the Black church in the care taking field may be emerging. The migration and fracturing phenomenon seemed to have stabilized. The job market has improved somewhat and people are moving less. Stricter building codes limit overnight church construction. Nevertheless, this emerging role of the Black church will be limited in Noah by a common characteristic, poverty. The members live mainly in the Black ghetto; they are for the most part undereducated, and are often underskilled or unemployed. Some church members are forced to exist on welfare and ADC. If the churches were more wealthy, then they would be able to offer a broader range of services, such as are being offered by some Black churches in a nearby metropolitan center i.e., day care, health clinics, drop-in centers. Unfortunately, such services are financially impossible for the Noah Black churches at present.

Protestant Congregations

The Protestant churches in Noah do not preach a common social justice gospel, nor do they have a common underlying philosophy of social concern. There are conservative churches which believe in the after-life reward for all; these churches tend to confine their charity work to foreign missions. There are churches which take the opposite point of view, whose history records the establishment of Yale and Harvard, and the abolitionist movement. There is no single, overall ministerial association with care-taking as its goal; rather, ministers with like concerns form separate and individual groups. There is a Council of Churches with a membership of over 100 churches.

The peak period of religious activism coincides with the period of social activism and protest in the late 1960's and early 1970's. The more controversial issues of that period in Noah were open housing, abortion counseling and draft counseling. Movement for reform was spearheaded by various churches and various clergymen. Taking an enlightened and unpopular stand on any of these issues proved costly for a number of clergymen. Draft counseling recorded the highest casualty rate — of the three persons who had trained themselves for this service, one, a Presbyterian, left Noah under pressure; another, a priest, under similar pressure, resigned from the priesthood. The third minister made the conscious choice to back off from his outspoken position as a matter of survival.

Counseling problem pregnancies and, operating an underground abortion network was another controversial service provided by clergymen; it operated for seven years, until the Supreme Court legalized abortion. Presumably because of the Supreme Court ruling, the retaliation for involvement was less sure. The counseling service operated statewide, serving approximately eight to twelve problem pregnancies a week in the Noah community alone. Counseling was available three mornings a week in a centrally located church; the counselors included not only Protestants, but also the community's Jewish rabbi. The population served was cross denominational, Protestant, Jewish, and Catholic. Blacks generally did not avail themselves of the service; however, a Black minister was about to join the association when the Supreme Court ruling was announced. At that time, the association brought together all the obstetric-gynecologic doctors in town, and created an efficient, safe and economical system of legalized abortions. The association was disbanded as there was no longer a need in the community. Some calls concerning problem pregnancy still come to the churches, but the caller is given a referral which includes a phone number and the name of a person to talk with.

There is speculation that the ministerial association for abortion counseling will resurface as a new need concerning abortions surfaces. At present, persons who must rely on Medicaid are being refused abortions in Noah as Medicaid will pay only the flat rate of $75; the lowest doctor's fee in Noah is $150. All medicaid patients are currently forced to go to Nineveh. The ministers feel that the community is shrinking its responsibility to the poor who need abortion services.

The emotionalism, controversy, and retaliation concerning the churches involvement in social action have passed. There is little argument in the churches concerning the fact that the churches are providing free building use, electricity and heating to the Inner City Day Care Program which enrolls a majority of children whose mothers are working, in school, in a training program or living on ADC. Ministers are involved in a movement to provide co-ed halfway houses for persons exiting from alcoholic and narcotic withdrawal programs. The money is readily available from the federal government; the public is not, as yet, willing to accept the responsibility for such a program. The Salvation Army operates a drop-in center which is open most of the time, sponsoring an assortment of activities for senior citizens, Marie Antoinette State Hospital after-care patients, teenagers, Spanish-American children, and young adults. Ministers and church members are on advisory boards and councils of the public care-taking agencies. A major source of volunteer recruitment for Birthline and the Emergency Care Clinic are the churches.

The basic philosophy of the socially-concerned Protestant churches is that the church should initiate and remain involved in social action programs until the public is able and willing to accept the responsibility. It initiates the action; later, the care-taking organization is turned over to the public. Such a turnover has occurred with the abortion counseling; a similar turnover is envisioned for the inner city child care organization. Eventually it is hoped that it will be financially capable of operating on its own.

Catholic Congregations

The Catholic community is the largest single religious sector in Noah, consisting of approximately 5,300 families in five parishes in the city, and 800 families in the sixth parish in the county. The Catholic Church in Noah provides a range of organizations which have historically fulfilled care-taking functions. Consequently, most of these organizations cannot be viewed as grass-root organizations surfacing to meet current, critical needs, but rather as traditional organizations which have adapted to the changes in society and changes in needs. Those which have not been able to adapt are very near extinction. The Legion of Mary, a women's service group which mainly visited hospitals, and Saint Vincent de Paul Society, a men's service group which supplied food, clothing, and temporary shelter, are examples of groups which are past their prime. Once very active and strong organizations, the members are old, few in number, and unable to recruit new members.

Saint Elizabeth's Hospital, owned by an order of nuns, will be sold within the next six months. The nuns do not have the personnel to continue to run it. There are five nuns at the hospital; two are over 70 and two are over 80.

The Felician Sisters have owned and operated the Saint Patrick Home for Children since 1912. It has recently undergone a process of adaptation and redirection, and is no longer a home for Catholic orphans, but a state licensed institution for State Wards and Court Wards. It has capacity for sixteen girls and 48 boys, ages ranging from six to fourteen years. The staff includes both nuns and lay persons. The two social workers, a child care supervisor, and eight child care workers, are nonsectarian. The administrator and the four live-in house mothers are nuns. Funding comes mainly from the per diem charged to the state and from the United Fund.

The parishes in Noah were established to serve various ethnic communities: Irish, German, Spanish-American, and Polish. Most of these differences between parishes have disappeared, except for the Polish communities which have remained distinct and separate. The parishes have traditionally been competitive and uncooperative. In Noah, however, there was a recent need for school consolidation, which took precedence over parishes' independence. All six parishes still maintain their own elementary schools with grades one through six. Four of the six parishes send their seventh and eighth grade children to Saint Jerome's Middle School which is housed in one parish's former high school. Its enrollment is 426 students. The two Polish parishes maintain their elementary schools from grades one through eight, in order to preserve their cultural identity as long as possible. A single Catholic high school now serves all the parishes and has an enrollment of 950 students. All the parishes have weekly religious classes for children. Some of the parishes, in addition, offer religious education to the mentally and physically handicapped, who normally are enrolled in special education classes in the public schools.

Because the parishes must cooperate across parish lines for better schooling, there is now more contact and cooperation between schools. There is not, however, any cross parish organization whose main goal is social action or service.

Catholic Social Services has proved to be the most adaptable and most radical organization within the Catholic structure. One reason that this is possible is that it is directly accountable for its actions to the Office of Social and Community Service in Nineveh, the state capitol, not to any one parish in Noah. It was established in the middle 1960's to meet "current" needs, not to duplicate services. For this reason, it does not offer the usual adoption services nor counseling services; those persons are referred to FSCA. The organization sponsors programs for the community in the hopes that eventually such services will be turned over to the community. Catholic Social Services was the leading force behind the push for open housing in the late 1960's. The director of the board at that time, however, was not Catholic; he and other non-Catholic members of the board were behind this movement and shouldered much of the criticism from dissatisfied Catholics for undertaking this controversial issue. Two priests during this time, addressing the issue from the

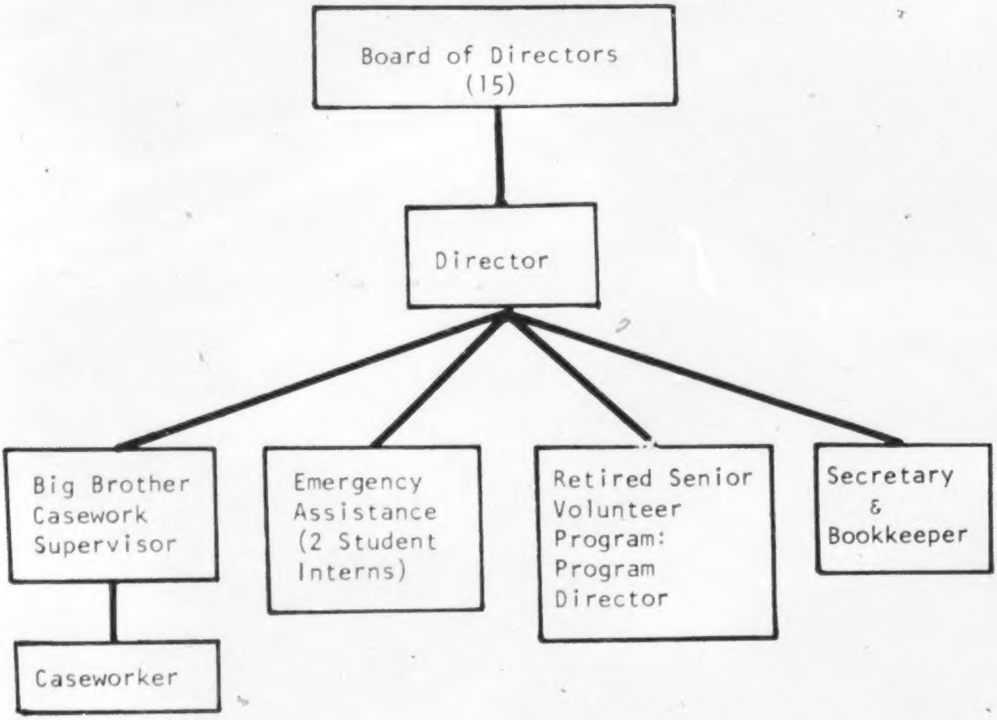
Board of Directors
(15)
Director
Big Brother Casework Supervisor
Caseworker
Emergency Assistance (2 Student Interns)
Retired Senior Volunteer Program: Program Director
Secretary & Bookkeeper

Figure 12. Structure of Catholic Social Services.

pulpit, were challenged by parishioners during their sermons, told they had no right to speak on such issues, and were eventually transferred. Five years later, the controversy of open housing is recalled with irony. Although a few black professionals have moved into the suburbs, the majority of blacks still live in the inner-city ghetto.

Catholic Social Services currently administers two federally funded programs, Big Brother and Retired Senior Volunteer Program; they also are able to provide emergency assistance and food on request. The staff of CSS (Figure 12) and the persons served by CSS are cross denominational, of all faiths. Funding comes from a variety of sources: federal government, United Fund, and the Catholic Church, through the Diocesan Office.

VII. SUMMARY

This paper never intended to present an exhaustive list of care-taking agencies in Noah; its intention was merely to acquaint the reader with some of the alternative agencies that do exist, and to provide some insight into the difficulties involved in their survival and endurance. Community support is a vital factor in the establishment and continuance of care-taking agencies. The needs of a specific community, the current social and political issues, the manifest concerns throughout the country, and the availability of funding are other influential factors. Many programs undertaken by alternative agencies may not be immediately tolerated in Noah. If defended long enough and hard enough, they may be eventually tolerated. What was once a most emotionally charged and controversial issue may be commonly accepted. Unheard of involvement may become expected behavior. On the other hand, the most popular program may eventually die from lack of commitment.

Noah is by no means an ideal community for highlighting alternative agencies; it was not chosen as a model or exemplary community. There is, no doubt, a population which is not served by any of the public, private, alternative or religious agencies or services. On the other hand, there is also duplication of services and competition for clients. In this, Noah is typical of most communities.

The social causes, the various community needs and the grass-root care-taking organizations all are in a constant state of change in Noah. Those agencies which were fortunate to enlist community support have endured; those which could not have died. Those agencies which have survived do act as viable alternatives to the educational, legal-correctional, social welfare, mental health and religious systems for persons who could not or would not be served by the public agencies; these agencies are giving their clients sincere and empathic care that might otherwise be unavailable.

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